

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000792

1. Entity Name  
K & S EAGLE CHASE LLC

Principal Place of Business

7001 BRUSH HOLLOW ROAD  
WESTBURY NY 11590

Mailing Address

7001 BRUSH HOLLOW ROAD  
WESTBURY NY 11590

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3442673

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 - Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, WILLIAM ESQ.  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
STREET ADDRESS K & S EAGLE CHASE CORP.  
CITY-ST-ZIP 7001 BRUSH HOLLOW ROAD  
WESTBURY NY 11590 ☐ Delete

TITLE NAME MEM  
STREET ADDRESS SHAIK, EUGENE  
CITY-ST-ZIP 120 TALL OAK CRESCENT  
OYSTER BAY COVE NY 11791 ☐ Delete

TITLE NAME MEM  
STREET ADDRESS KALIKOW, EDWARD  
CITY-ST-ZIP 10 GRACE DRIVE  
OLD WESTBURY NY 11590 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/01

(516) 876-4800

Daytime Phone #

FILED  
01 FEB 15 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)