

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0047436

DOCUMENT # N00000003908

1. Entity Name

EAGLES IV ENTERPRISES, INC.

04-27-2001 90233 022 *****61.25

Principal Place of Business

**3800 INVERRARY BLVD., SUITE 100 1
FT. LAUDERDALE FL 33319**

Mailing Address

**3800 INVERRARY BLVD., SUITE 100 1
FT. LAUDERDALE FL 33319**

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, VIVIEN M
3800 INVERRARY BLVD., SUITE 100 1
FT. LAUDERDALE FL 33319**

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 \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Sharon G. Scott	
STREET ADDRESS	1438 Lauderdale Villa Dr.	
CITY-ST-ZIP	Ft Lauderdale FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vivien M. Young	
STREET ADDRESS	3800 Inverrary Blvd. Suite 100Z	
CITY-ST-ZIP	Ft Lauderdale, FL 33319	
TITLE	T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Young	
STREET ADDRESS	P.O. Box 590692 or 6800 S.W. 7th St	
CITY-ST-ZIP	Tamarac, FL 33359 Margate, FL 33068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Stillabrower	
STREET ADDRESS	8400 Harbor Bend	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Martin	
STREET ADDRESS	3685 NW 28th Ct.	
CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juliet Waugh	
STREET ADDRESS	P.O. Box 19406	
CITY-ST-ZIP	Plantation FL 33318	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Burton	
STREET ADDRESS	4667 NW 42nd Street	
CITY-ST-ZIP	Lauderdale Lakes, FL 33319	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vivien M. Young - VIVIEN M. YOUNG

4/21/01 (954) 316-6448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)