2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM N00000006932 DOCUMENT # 1. Entity Name **Secretary of State** TRIPLE EAGLE COMMUNITY DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 415 THIRD AVE SOUTH 415 THIRD AVE SOUTH BARTOW FL BARTOW 33830 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE ELDER LAWRENCEW Street Address (P.O. Box Number is Not Acceptable) 415 THIRD AVE SOUTH BARTOW FL33830 City 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. 04/27/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) and the second second 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME BRUNSON LEE лR NAME STREET ADDRESS STREET ADDRESS 731 HANOVER COURT CITY-ST-ZIP CITY-ST-ZIP LAKELAND 33813 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CORBETT JORDAN NAME STREET ADDRESS STREET ADDRESS 1655 MAGNOLIA STREET EAST CITY-ST-ZIP BARTOW FL. 33830 CITY-ST-ZIE TITLE Delete TITLE Change ☐ Addition NAME ROGERS KENNETH NAME STREET ADDRESS STREET ADDRESS 5155 TILLERY ROAD CITY-ST-ZIP LAKELAND CITY-ST-ZIP FL. 33813 TITLE Delete TITLE Change Addition NAME JONES SHAYANN NAME STREET ADDRESS 410 THIRD AVE SOUTH STREET ADDRESS CITY-ST-ZIP BARTOW FL. 33830 CITY-ST-ZIP TITLE DVDelete TITLE Change ☐ Addition NAME DOUGLAS **JERRY** NAME STREET ADDRESS 1250 GAY STREET EAST STREET ADDRESS CITY-ST-ZIP BARTOW \mathbf{FL} 33830 CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME MOORE JACQUELYN S NAME

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.

33830

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BARTOW

415 THIRD AVE SOUTH

Jacquelyn S. Moore

DP

04/27/2001

CR2E037 (11/00)