2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N00000006932

Entity Name: TRIPLE EAGLE COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

415 THIRD AVE SOUTH
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

415 THIRD AVE SOUTH
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-3712292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE, ELDER LAWRENCE W
415 THIRD AVE SOUTH
BARTOW, FL 33830

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	MOORE, JACQUELYN S	
Address:	415 THIRD AVE SOUTH	
City-St-Zip:	BARTOW, FL 33830	
Title:	DV	( ) Delete
Name:	DOUGLAS, JERRY	
Address:	1250 GAY STREET EAST	
City-St-Zip:	BARTOW, FL 33830	
Title:	DS	( ) Delete
Name:	JONES, SHAYANN	
Address:	410 THIRD AVE SOUTH	
City-St-Zip:	BARTOW, FL 33830	
Title:	DT	( ) Delete
Name:	ROGERS, KENNETH	
Address:	5155 TILLERY ROAD	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	CORBETT, JORDAN J	
Address:	1655 MAGNOLIA STREET EAST	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	BRUNSON, LEE JR	
Address:	731 HANOVER COURT	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN S. MOORE DP 04/29/2003

Electronic Signature of Signing Officer or Director — Date