

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25775

1. Entity Name

BYRNWYCK VILLAGE AT THE EAGLES, INC.

Principal Place of Business

16308 BYRNWYCK LN  
ODESSA FL 33556

Mailing Address

16308 BYRNWYCK LN  
ODESSA FL 33556-2807

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

59-2900629

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

WILLIAM, POVILUD  
16308 BYRNWYCK LANE  
ODESSA FL 33556

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	2VP	<input checked="" type="checkbox"/> Delete <i>one</i>
NAME	DI PACI, LEE	
STREET ADDRESS	16302 BYRNWYCK LANE	
CITY-ST-ZIP	ODESS FL 33556	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DERBY, BRUCE	
STREET ADDRESS	16301 BYRNWYCK LN	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POVILUS, WILLIAM	
STREET ADDRESS	16308 BYRNWYCK LANE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PRZDEPSKI, KAREN	
STREET ADDRESS	12713 BENTY WAY	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRAUA, BETTY	
STREET ADDRESS	12708 BENTY WAY	
CITY-ST-ZIP	ODESSA FL 32556	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	BURLESON, JEAN	
STREET ADDRESS	16315 BYRNWYCK LN	
CITY-ST-ZIP	ODESSA FL 33556	

TITLE	<i>U D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>President D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>TD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Norman C. Hare</i>	
STREET ADDRESS	<i>12715 Benty Way</i>	
CITY-ST-ZIP	<i>Odessa, FL 33556</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *W. SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-2000 812-920-6258

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90038 006 \*\*\*\*61.25

A0013545



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)