

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005179

1. Entity Name

EAGLE POINTE ASSOCIATION, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90010 011 \*\*\*\*61.25

Principal Place of Business 187 FOREST LAKES BLVD NAPLES FL 34105	Mailing Address 187 FOREST LAKES BLVD NAPLES FL 34105-5542
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0471837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRACEY, ROBERT D  
 187 FOREST LAKES BLVD  
 NAPLES FL 33923

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 \$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

TITLE PTD	<input checked="" type="checkbox"/> Delete
NAME YOST, RICHARD	
STREET ADDRESS 1141 SOUTH LENNEMAN CT	
CITY-ST-ZIP MR PROSPECT IL	
TITLE VPD	<input type="checkbox"/> Delete
NAME SHASTAL, CLARENCE	
STREET ADDRESS 18100 N RTE 12	
CITY-ST-ZIP SPRING GROVE IL 60081	
TITLE STD	<input type="checkbox"/> Delete
NAME GRACEY, ROBERT T	
STREET ADDRESS 187 FOREST LAKES BLVD.	
CITY-ST-ZIP NAPLES FL	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARD MULLFORD	
STREET ADDRESS 10661 MADDOX LANE	
CITY-ST-ZIP BONITA SPRINGS FL 34135	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN BEZYAK	
STREET ADDRESS 10651 MADDOX LANE	
CITY-ST-ZIP BONITA SPRINGS, FL 34135	
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	
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: ROBERT T GRACEY **4/15/00** **941-649-5667**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E037 (9/99)