

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003240**

1. Entity Name

**EASTGROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.***R***FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90147 043 \*\*\*\*61.25

Principal Place of Business

**8100 SW 157 STREET  
MIAMI FL 33157**

Mailing Address

**8100 SW 157 STREET  
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0503566**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DEMPSTER, ROBERT I  
8100 SW 157 STREET  
MIAMI FL 33157**

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****After September 13, 2000 min. will be \$236.25**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 **DP** ☐ Delete  
NAME **FLINN, EUGENE JR**  
STREET ADDRESS **7860 SW 157 TER**  
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DVP** ☐ Delete  
NAME **DEMPSTER, ROBERT L**  
STREET ADDRESS **8100 SW 157TH ST**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DT** ☐ Delete  
NAME **SLOCUM, CECILIA**  
STREET ADDRESS **15965 SW 79TH AVE**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert I. Dempster* **ROBERT I. DEMPSTER** 7/4/00 305-255-6793