

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003556

1. Entity Name

EAGLE POINT COMMUNITY ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90109 023 ****61.25

Principal Place of Business

Mailing Address

2830 NW 41ST ST
 STE F
 GAINESVILLE FL 32606
 US

P.O. BOX 147050-30
 GAINESVILLE FL 32614
 US

2. Principal Place of Business

3. Mailing Address

2830 NW 41st St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F

City & State

City & State

Gainesville FL

4. FEI Number

59-3425410

Applied For

Not Applicable

Zip

Country

Zip

Country

32606

Alachua

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

SMITH, BEVERLY K
 2830 NW 41ST ST
 STE F
 GAINESVILLE FL 32606

Name **Pat Trippe**

Street Address (P.O. Box Number is Not Acceptable)

2830 NW 41st St. # F

City **Gainesville**

FL

Zip Code **32606**

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:

Pat Trippe

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 Delete
 NAME **D ROBINSON, THOMAS A**
 STREET ADDRESS **5800 NW 39TH AVE, SUITE 101**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SHORE, FREDRIC R**
 STREET ADDRESS **5800 NW 39TH AVE, SUITE 101**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BOWERS, PAUL**
 STREET ADDRESS **5800 NW 39TH AVE, SUITE 101**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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 like empowered.

SIGNATURE:

Paul Bowers
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 352-371-1992

Date

Daytime Phone #

CR2E037 (9/99)