

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-02-2000 90099 014 ****61.25

DOCUMENT # N96000005532

1. Entity Name

C.A.U. EAGLES POINTE, INC.

Principal Place of Business

Mailing Address

3501 TOWNSEND BLVD
 JACKSONVILLE FL 32277
 US

1090 VERMONT AVENUE, N.W.
 SUSITE 400
 WASHINGTON DC 20005-4905
 US

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

31-1484299

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2525

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	DPT	<input type="checkbox"/> Delete
NAME	MEHRETEAB, GHEBRC S	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOFFER, JOHN G III	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	WIEDORFER, JOSEPH P JR	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, JAMES S JR	
STREET ADDRESS	600 WHARFSIDE WAY,	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANFORD, RICHARD J	
STREET ADDRESS	233 W DUVAL ST - 14TH FL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRICK, STEPHEN A	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 121	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

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
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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.

SIGNATURE: *John G. Hoffer III*
JOHN G. HOFFER III
VICE PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000

202-789-5300

Date

Daytime Phone #

CR2E037 (9/99)