## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400012035  1. Entity Name  EAGLES WALK AT FEATHER SOUND, INC.					FILED Feb 01, 2000 8:00 am Secretary of State				
Principal Place % MARKEL & A 9700 9TH ST. N ST. PETERSBUR	ASSOCIATES NORTH, SUITE 400	Mailing Address  % MARKEL & ASSOCIATES 9700 9TH ST. NORTH. SUITE ST. PETERSBURG FL 33762-				2-01-2000 900			<b>B</b> ( <b>B</b> (1) ( <b>BB</b> (
2. Principal Place of Business 1901 Ulmerton Rd. Suite, Apt. #, etc. Suite 700		3. Mailing Address 1901 Ulmerton Rd. Suite, Apt. #, etc. Suite 700			DO NOT WRITE IN THIS SPACE				
City & State	e -ucter, FL Country	City & State  Clearwater  Zip  33762	, FL Country USA		El Number Certificate of	<b>59-3227607</b> Status Desired	\$8.7		
201 ( SUIT	EY, FRED S N. FRANKLIN ST. E 2100 PA FL 33602	egistered Agent	Name Street Ad	·		ddress of New Re		ip Code	 
SIGNATURE _ 9. This corpo Tax filing n	named entity submits this statement for Signature, typed or printed name of registered agent ar pration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	nd title if applicable. (NOTE:	Registered Agent signatu ! FEE IS \$150.0 0 Fee will be \$5	ore required when re	instating)  10. Electi	in the State of Floa on Campaign Fina Fund Contribution	DATE ancing		May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D MARKEL, GARY L 9700 9TH ST N., STE. 400 ST. PETERSBURG FL 33702	DELETORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marke 1901 U	l, Gar Imert	HANGES TO OFFI Sh. on Rd., S FL 337	Ŀ t. 700	CTORS Thange	SIN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKEL, ANTHONY F 9700 9TH ST N., STE. 400 ST. PETERSBURG FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marke 1901 U	, Anth	hony F. on Rd., S	₽1 34c-700 3762	Shange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTOZZI, A G 9700 9TH ST N., STE. 400 ST. PETERSBURG FL 33702	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		.G. > Pd., SY FL 37	e.700	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m wered to execute this report a	iv signature shall hi	ave the same I	egal effect a	s it made under d	ath: that i am an	i oπicer (	or airector

SIGNATURE:

SIGNATURE BEGUIRED SIGNING OFFICER OR DIRECTOR