

2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 90492 001 ***600.00
P94000066120

DOCUMENT # P94000066120

1. Entity Name

EAGLE BOATS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 1:03

73498



DO NOT WRITE IN THIS SPACE

Principal Place of Business

RT. 19 BOX 625
LAKE CITY FL 32055

Mailing Address

RT. 19 BOX 625
LAKE CITY FL 32055

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 59-3271452

Applied For

Not Applicable

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

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.

(NOT)

Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
After MAY 1, 2011 Fee will be \$550.00
Make Check Payable to Department of State

FEE IS \$150.00

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OOSTERHOUDT, F.S. RT. 19 BOX 625 LAKE CITY FL 32055 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OOSTERHOUDT, MICHAEL B RT. 19, BOX 625 LAKE CITY FL 32055 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OOSTERHOUDT, PATRICK RT. 19 BOX 625 LAKE CITY FL 32055 | <input type="checkbox"/> Delete |
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13. 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 it is the signature of the corporation or the receiver or trustee empowered to execute this report or that it is a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 904 7549367

Date

Daytime Phone #

CR2E034 (10/00)