

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000074042**

1. Entity Name  
**EG it Limited, Inc**

FILED

00 JUL 10 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18500 U.S. HWY. 441  
MOUNT DORA FL 32757  
US

Mailing Address  
PO BOX 1364  
MOUNT DORA FL 32756-1364  
US

2. Principal Place of Business  
**7110 Beech Ridge Trail**  
Suite, Apt. #, etc.

3. Mailing Address  
**RM B 324-6753 Thomasville Rd**  
Suite, Apt. #, etc.  
**108**

DO NOT WRITE IN THIS SPACE

City & State  
**Tallahassee, FL**  
Zip  
**32312**  
Country  
**Leon**

City & State  
**Tallahassee, FL**  
Zip  
**32312**  
Country  
**USA**

4. FEI Number  
**59-3337010**

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  
**Lance Hampton**  
Street Address (P.O. Box Number is Not Acceptable)  
**7110 Beech Ridge Trail**  
City  
**Tallahassee** FL Zip Code  
**32312**

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  
**Lance Hampton Treasurer** 5-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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  
**HILL, KAY**  
**1206 OLD EUSTIS ROAD**  
**MOUNT DORA FL 32757**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Hill, Kay**  
**7110 Beech Ridge Trail**  
**Tallahassee FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Hill, Eugene**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COB**  
**Hill, Eugene**  
**7110 Beech Ridge Trail**  
**Tallahassee, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400003262904-6**  
**-05/23/00--01023--002**  
**\*\*\*\*200.00 \*\*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST HAMPTON, LANCE**  
**6861 SYLVAN WOODS CT**  
**SANFORD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer/Secretary**  
**Hampton, Lance**  
**7110 Beech Ridge Trail**  
**Tallahassee, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

9. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lance Hampton** 5-1-00 **650-668-3312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overseer Number

CR2E034 (9/99)