

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90090 037 ***150.00

DOCUMENT # P95000092931

1. Entity Name

EAGLE INVESTMENT & RETIREMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

25 OLD MISSION AVE
 ST. AUGUSTINE FL 32084
 US

P.O. BOX 4050
 ST. AUGUSTINE FL 32085-4050
 US

2. Principal Place of Business

77 ALMERIA ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

4. FEI Number

59-3349622

Applied For

Not Applicable

Zip

32084

Country

US

Zip

Country

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

CHARLES E HALL

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

77 ALMERIA STREET

City

ST. AUGUSTINE

FL

Zip Code

32084

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

3/2/00

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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **HALL, CHARLES E JR.**
 CITY-ST-ZIP **3770 LAUREL ST.**
ST. AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition
 NAME **PTD**
 STREET ADDRESS **CHARLES HALL**
 CITY-ST-ZIP **PO BOX 4050**
ST. AUGUSTINE, FL 32085

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **HALL, LAURELLE A**
 CITY-ST-ZIP **3770 LAUREL ST.**
ST. AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition
 NAME **VSD**
 STREET ADDRESS **LAURELLE HALL**
 CITY-ST-ZIP **PO BOX 4050**
ST. AUGUSTINE, FL 32085

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00