

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
 03-02-2001 90101 015 ***150.00

DOCUMENT # P96000050778

1. Entity Name
 ETERNAL ASCENT SOCIETY, INC..

Principal Place of Business
 200 N.E. HIGHWAY 19
 CRYSTAL RIVER FL 34429

Mailing Address
 200 N.E. HIGHWAY 19
 CRYSTAL RIVER FL 34429

2. Principal Place of Business
8395 YEW PINE COURT
 Suite, Apt. #, etc.

3. Mailing Address
8395 YEW PINE COURT
 Suite, Apt. #, etc.

City & State
CRYSTAL RIVER FL.
 Zip
34428
 Country
CITRUS

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4. FEI Number **59-3387373**
 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

WEST, JOAN
 200 N.E. HIGHWAY 19
 CRYSTAL RIVER FL 34429

Name
West, Joan
 Street Address (P.O. Box Number is Not Acceptable)
8395 yew pine court
Crystal River, FL.
 City
FL Zip Code
34428

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 **Joan West** (NOTE: Registered Agent signature required when reinstating)
 DATE **2-27-2001**

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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	West, Joan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JOAN		NAME	8395 yew pine court	
STREET ADDRESS	200 N.E. HIGHWAY 19		STREET ADDRESS	Crystal River, FL. 34428	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Joan West** Date **2-27-2001** Daytime Phone # **352-563-5266**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)