2000 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2000 8:00 am DOCUMENT # P9600062020 **Secretary of State** FGC EAGLE, INC. 03-03-2000 90137 001 ***952.50 Mailing Address Principal Place of Business 215 5TH STREET 215 5TH STREET SHITE 108 SUITE 108 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-4026 2. Principal Place of Business 3. Mailing Address 2000 N. Florid Maga Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #20<u>0</u> Applied For City & State 4. FEI Number City & State 59-3393189 Beach Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 409 WA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable) J. Flukida Mango ld FIELDSTONE, RONALD R 200 SO. BISCAYNE BLVD. STE 2100 MIAMI FL 33131 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 Deborah A. Dentry required when reinstation) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE LINN D. HEATON HEATON, LINNIAM D NAME STREET ADDRESS 215 5TH STREET, SUITE 108 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Sect Treas / Vice Pres Addition TITLE ☐ Delete TITLE NAME NAME ON N. Florida mango ed #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Lec witchton ☐ Delete TITI F TITLE Lec W Heaton NAME NAME 2000 N. FIORIDA MANGO Rd #200 STREET ADDRESS STREET ADDRESS WPAlm Beach 21 33409 CITY-ST-ZIP CITY-ST-ZIE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

address, with all other like empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE: