## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

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all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P96000067155** Mar 03, 2000 8:00 am **Secretary of State** EAGLE 100, INC. 03-03-2000 90137 001 \*\*\*952.50 Principal Place of Business Mailing Address 215 5TH ST. 215 5TH ST. SUITE 108 SUITE 108 WEST PALM BEACH FL 33401-4026 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business 2000 N. Florida Manen Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0853728 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 334O9 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIORDANO, JOHN N Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE HEATON, LINN NAME NAME STREET ADDRESS STREET ADDRESS 2000 N FLORIDA MANGO ROAD #200 WEST PALM BEACH FL 33409 CITY-ST-7IP CITY-ST-7IP Sect HTEAS LVICE President Change ☐ Delete TITLE TITLE Deborah A. Dart 2000 N. Floring Mango Rd #200 W Palm Beach Il 33409 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Vice President ☐ Delete TITLE Lec W. Heaton 2000 N. FlueiA4 MAnsold #200 NAME STREET ADDRESS STREET ADDRESS WPAIM Beach 76 33409 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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