

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086144

1. Entity Name

EAGLE HOMES & SUPPLIES, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90056 050 \*\*\*150.00

Principal Place of Business

Mailing Address

900 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES FL 33134

900 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES FL 33134 3042

2. Principal Place of Business

3. Mailing Address

7512 ADVENTURE AVE.

7512 ADVENTURE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NORTH BAY VILLAGE

NORTH BAY VILLAGE

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

33141

33141



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0706090

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

EGON W. GATTERMAYR

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

7512 ADVENTURE AVE.

NORTH BAY VILLAGE

City

FLORIDA

FL

Zip Code

33141

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

X Egon W. Gattermayr X

(NOTE: Registered Agent Signature required when reinstating)

05/01/00

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 ☐ Delete  
NAME D  
STREET ADDRESS GATTERMAYR, EGON WALTER JR.  
CITY-ST-ZIP 700 NE 63RD ST., APT. DPH0  
MIAMI FL 33137

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7512 ADVENTURE AVE.  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

05/01/00

Date

305 8680617

Daytime Phone #

CR2E034 (9/99)