

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095362

1. Entity Name

WHITE EAGLE OF SOUTH FLORIDA, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90023 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1722 SOUTHEAST 44TH TERRACE  
CAPE CORAL FL 33904

1722 SOUTHEAST 44TH TERRACE  
CAPE CORAL FL 33904

550580

2. Principal Place of Business

1720 SE. 46th STR

3. Mailing Address

1720 SE. 46th STR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

33904

Country

LEE

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

PEITH, ELISABETH

3918 S.E. 19 PL

CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

*E. Pieth* PEITH, ELISABETH

04 15 01

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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 P ☒ Delete  
NAME HEIDLOFF, PETER  
STREET ADDRESS 1722 SOUTHEAST 44TH TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE P ☒ Change ☐ Addition  
NAME HEIDLOFF PETER  
STREET ADDRESS 3918 S.E. 19 PL  
CITY-ST-ZIP CAPE CORAL FL. 33904

TITLE SD ☐ Delete  
NAME PIETH, ELISABETH  
STREET ADDRESS 3918 S.E. 19 PL  
CITY-ST-ZIP CAPE CORAL FL 33904

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

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:

*Peter Heidloff* HEIDLOFF, PETER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/01 941410 9223

CR2E034 (10/00)