

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90503 001 ***900.00

DOCUMENT # P97000042983

1. Entity Name

BLUE EAGLE OF FLORIDA, INC.

Principal Place of Business

LIGHTHOUSE DRIVE
 FL 33469

Mailing Address

538 BROADHOLLOW RD., STE 410-E
 MELVILLE NY 11747-3668

9601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

538 Broadhollow Rd

Suite, Apt. #, etc.

Ste 410E

City & State

Melville, NY

Zip

11747

Country

Suffolk

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0813237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD
 1406 HAYES ST., STE 2
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title 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, 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

TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	KRAUSE, ROBERT J	
STREET ADDRESS	538 BROADHOLLOW RD., 4TH FL	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	KELLEHER, GARRETT J	
STREET ADDRESS	538 BROADHOLLOW RD., 4TH FL	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOS, WILLIAM E	
STREET ADDRESS	538 BROADHOLLOW RD., 4TH FL	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres, COO, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thampi, Krishnan P.	
STREET ADDRESS	538 Broadhollow Rd.	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	VP, Sec, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles, Pamela S.	
STREET ADDRESS	538 Broadhollow Rd	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	VP, Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santorof, Margaret	
STREET ADDRESS	538 Broadhollow Rd	
CITY-ST-ZIP	Melville, NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)