

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054759

1. Entity Name

AMERICAN EAGLE HOMES, INC.

Principal Place of Business

Mailing Address

328 TAMiami TRAIL
PT. CHARLOTTE FL 33953

328 TAMiami TRAIL
PT. CHARLOTTE FL 33953-4504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDEROVITCH, OREN
328 TAMiami TRAIL
PT. CHARLOTTE FL 33953

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 transferring)

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	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDEROVITCH, OREN	
STREET ADDRESS	328 TAMiami TRAIL	
CITY-STATE-ZIP	PT. CHARLOTTE FL 33953	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TREMIS, MICHAEL	
STREET ADDRESS	328 TAMiami TRAIL	
CITY-STATE-ZIP	PT. CHARLOTTE FL 33953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARRABRANDT, JACK	
STREET ADDRESS	617 LOMOND DRIVE	
CITY-STATE-ZIP	PT. CHARLOTTE FL 33953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 information required.

SIGNATURE:  **OREN SCHNEIDEROVITCH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Aug 29, 2000 8:00 am
Secretary of State

07-14-2000 90002 038 ***150.00

08-29-2000 90013 001 ***400.00

08-29-2000 90013 002 *****8.75

20030



DO NOT WRITE IN THIS SPACE

4. FEI Number **67-0769930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

PAID
CEN 2081 DATE 3/13/00
150.00

PAID
CEN 2257 DATE 8/24/00 \$400

PAID
CEN 2258 DATE 8/24/00 \$8.75

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20036

AMERICAN EAGLE HOMES, INC

Wausau Homes Distributor
328 N. Tamiami Tr.
Port Charlotte, FL 33954
(941) 627-3850
(941) 627-5940 Fax

Aug. 23, 2000

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

TO WHOM IT MAY CONCERN:

Enclosed is a check for the amount of \$400.00 plus \$8.75 for a certificate of status. The amount of \$150.00 was mailed previously. This timely check was caught up in the office "paper chase" during a recent office file changeover and was overlooked.

Sincerely,



Oren Schneiderovitch
328 Tamiami Trail
Port Charlotte, Fl. 33953