

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059177

1. Entity Name

EAGLE RESEARCH GROUP, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90056 012 \*\*\*150.00

Principal Place of Business

1795 E HWY 50  
STE A  
CLERMONT FL 34711

Mailing Address

1795 E HWY 50  
STE A  
CLERMONT FL 34711

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3457514**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARRICK, JR D  
15840 134 SR 50  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name **DAVID GARRICK JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**13201 PLUM LAKE CIRCLE**  
City **CLERMONT** FL Zip Code **34711**

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, 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

TITLE NAME	PSD LUCKMAN, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	703 LUCERNE AVE, STE 201 LAKE WORTH FL 33460	
TITLE NAME	T GARRICK, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	15840 STATE ROAD 50, LOT 134 CLERMONT FL 34711-8720	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD LUCKMAN, WILLIAM H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	513 N COUNTRY CLUB DR ATLANTIS, FL 33462	
TITLE NAME	D GARRICK, DAVID JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	13201 PLUM LAKE CIRCLE CLERMONT, FL 34711	
TITLE NAME	STD LUCKMAN, LISA R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	513 N COUNTRY CLUB DR ATLANTIS, FL 33462	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 (10/00)