

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90002 011 ***550.00

DOCUMENT # P98000067449

1. Entity Name
EGERTON PROPERTIES, INC.

Principal Place of Business
265 39TH CT
VERO BEACH FL 32968

Mailing Address
P O BOX 6190
VERO BEACH FL 32968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1446 19th PL
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6190
 Suite, Apt. #, etc.

City & State
VERO Beach, FL
 Zip
32960 Country
USA

City & State
VERO Beach, FL
 Zip
32961 Country
USA

4. FEI Number **65-0854824** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HILL, KATHRYN
265 39TH COURT
VERO BEACH FL 32968

7. Name and Address of New Registered Agent
 Name **Kathryn Hill**
 Street Address (P.O. Box Number is Not Acceptable)
1446 19th PL
 City **VERO Beach** **FL** Zip Code **32960**

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 **Kathryn Hill** DATE **9-3-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KATHRYN		NAME		
STREET ADDRESS	265 39TH CT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'STEEN, JOAN		NAME		
STREET ADDRESS	265 39TH CT		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32968		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **KATHRYN HILL** **7-3-01 (501) 567-1908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)