

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90076 020 \*\*\*150.00

**DOCUMENT # P99000099985**

1. Entity Name

**NASHVILLE EASTGATE PHASE II ASSOCIATES, INC.**

Principal Place of Business

**6400 NORTH ANDREWS AVE.  
 FT. LAUDERDALE FL 33309**

Mailing Address

**6400 NORTH ANDREWS AVE.  
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**300 SE 2nd St.**

Suite, Apt. #, etc.

3. Mailing Address

**300 SE 2nd St.**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

Zip

**33301**

Country

City & State

**Ft. Lauderdale, FL**

Zip

**33301**

Country

4. FEI Number

**65-0961431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DUKE, BRYAN W ESQ.  
 6400 NORTH ANDREWS AVE.  
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

**PATRICIA JONES**

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

**c/o Stiles Corp.**

**300 SE 2nd St.**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33301**

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	PD	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGON, DOUGLAS P	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALMER, STEPHEN R	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERRERA, ROCCO	
STREET ADDRESS	6400 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, TERRY W.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGON, DOUGLAS P.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PATRICIA	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, STEPHEN R.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, JAMES W.	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERA, ROCCO	
STREET ADDRESS	300 SE 2nd St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

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)

Attachment

835430

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	V	Addition
NAME:	O'SHEA, DENNIS F.	
STREET ADDRESS:	300 SE 2 <sup>nd</sup> St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	