## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # P99000101272 STRONG/EAGLE ROCK II, INC. 07-07-2000 90008 020 \*\*\*150.00 Principal Place of Business Mailing Address 1201 SO. ORLANDO AVE..STE.360 1201 SO, ORLANDO AVE., STE, 360 WINTER PARK FL 32789-7107 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59<sup>+</sup>3609396 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRONG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1201 SO. ORLANDO AVE., STE. 360 WINTER PARK FL 32789 Zip Code City Fl 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE STRONG, DAVID C NAME NAME 1201 SO. ORLANDO AVE., STE. 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

160 BEDWIDEC) 6/28/2000 SIGNATURE: Daytime Phone # Date

STRONG MANAGEMENT DE PAGINO 1016

June 28, 2000

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Strong Eagle Rock II, Inc.

Gentlemen:

Please be advised that we did not receive the original 2000 Uniform Business Report for the above corporation until approximately June 12th. Therefore, we request a waiver of the late fee and we enclose our check in the amount of \$150.00 for filing fee.

Thank you for your cooperation.

Very truly yours,

STRONG EAGLE ROCK II, INC.

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David C. Strong

President

DCS/pc

enc. \_ \_.