

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38673

1. Entity Name
EAGLE HARBOR AT FLEMING ISLAND, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91175 029 ***150.00

Principal Place of Business
1880 EAGLE HARBOR PKWY
ORANGE PARK FL 32073
US

Mailing Address
14700 VILLAGE SQ. PL.
MIDLOTHIAN VA 23112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-1725258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAD, ROBERT J JR
1329 KINGSLEY AVE.
ORANGE PARK FL 32073

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.

(NOT)

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!
After MAY 1, 2001
Fee IS \$150.00
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 P
NAME FENCHUK, GARY W
STREET ADDRESS 13704 BEECHWOOD POINTE ROAD
CITY-ST-ZIP MIDLOTHIAN VA 23112 ☐ Delete

TITLE S
NAME Kathy Pearson
STREET ADDRESS 14700 Village Square Place
CITY-ST-ZIP Midlothian, VA 23112 ☐ Change ☒ Addition

TITLE VS
NAME ARROWSMITH, ROGER
STREET ADDRESS 1571 SOUTH SHORE DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME BOWMAN, BENJIE F
STREET ADDRESS 2804 S. 2ND STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME Kathy Pearson
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report 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)

We should add me as secretary & call Bob & have him do papers

5/1/01 804-239-3800