

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90241 003 ***150.00

DOCUMENT # V58178

1. Entity Name
ORAN EASTMAN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
8424 CASTLE GARDEN RD PO BOX 521
PALMETTO FL 34221 ELLENTON FL 34222-0521
US US

00001030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
PARRISH, FL
 Zip Country Zip Country
34219 US

4. FEI Number **65-0375113** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GRIMES, WILLIAM C.
1023 MANATEE AVENUE, WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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	EASTMAN, ORAN S.	
STREET ADDRESS	8424 CASTLE GARDEN RD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EASTMAN, ROSEMARY	
STREET ADDRESS	8424 CASTLE GARDEN RD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EASTMAN, DOUGLAS	
STREET ADDRESS	8424 CASTLE GARDEN RD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EASTMAN, JEANETTE	
STREET ADDRESS	8424 CASTLE GARDEN RD	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Oran S. Eastman **ORAN S. EASTMAN** **2-24-00** **(941) 729-4476**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)