

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90113 050 ***158.75

DOCUMENT # 521990

1. Entity Name
EAGLE LAKE HARVESTING CORPORATION

004601



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business HIGHWAY 80. WEST P.O. BOX 459 LABELLE FL 33935 | Mailing Address PO BOX 5609 ATTN: KATHY MCDANIEL LABELLE FL 33880-0609 US |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-1750706 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**KEMPER, W E
 3655 SR 80 W
 ALVA FL 33920**

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--------------------------------------|---------------------------------|---|---|
| TITLE DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCDANIEL, KATHY | | NAME | |
| STREET ADDRESS 344 LAKE DAISY CIR | | STREET ADDRESS | |
| CITY-ST-ZIP WINTER HAVEN FL 33884 | | CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HALL, KEITH | | NAME | |
| STREET ADDRESS 3655 SR 80 W | | STREET ADDRESS | |
| CITY-ST-ZIP ALVA FL 33920 | | CITY-ST-ZIP | |
| TITLE PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KEMPER, WE | | NAME | |
| STREET ADDRESS 3655 SR 80 WEST | | STREET ADDRESS | |
| CITY-ST-ZIP ALVA FL | | CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME COLEMAN, HAROLD R | | NAME | |
| STREET ADDRESS 3655 SR 80 W | | STREET ADDRESS | |
| CITY-ST-ZIP ALVA FL 33920 | | 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 |
| 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: Kathy H. McDaniel **Kathy H. McDaniel, Secretary** 1/17/00 (863)324-4988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #