

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810952

1. Entity Name

EASTERN NATIONAL, CORPORATION

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90014 031 ****61.25

Principal Place of Business

Mailing Address

470 MARYLAND DRIVE
 SUITE 1
 FT. WASHINGTON PA 19034

470 MARYLAND DRIVE
 SUITE 1
 FT. WASHINGTON PA 19034-2502

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

23-1401703

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, KAREN
ENP & MA/CASTILLO DE SAN MARCOS
1 SOUTH CASTILLO DRIVE
ST. AUGUSTINE FL 32084

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DICKENSON, RUSSELL E	
STREET ADDRESS	4059 120TH AVE., SE	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOROZ, CHESLEY	
STREET ADDRESS	470 MARYLAND DRIVE, SUITE 1	
CITY-ST-ZIP	FT. WASHINGTON PA 19037	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, DANIEL P	
STREET ADDRESS	P.O. BOX 316 ,ROUTE 53	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22902	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESKINS, ROBERT L	
STREET ADDRESS	6561 WOODROW RD.	
CITY-ST-ZIP	LITHONIA GA	
TITLE	C	<input type="checkbox"/> Delete
NAME	MINNUCCI, GEORGE J JR	
STREET ADDRESS	612 WALNUT STREET	
CITY-ST-ZIP	LANSDALE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOBAR, JERRY L.	
STREET ADDRESS	11723 ARBOROAK TERRACE	
CITY-ST-ZIP	ST. LOUIS MO	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Mary Bradford		
STREET ADDRESS	9325 Long Branch Pkwy.		
CITY-ST-ZIP	Silver Spring, MD 20901		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bob Reynolds		
STREET ADDRESS	1171 Casa Blanca Ct		
CITY-ST-ZIP	Minden, NV 89423		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Melody Webb		
STREET ADDRESS	PO Bx 2118		
CITY-ST-ZIP	Georgetown TX 78627		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	G. Jay Gagne		
STREET ADDRESS	Provost Office - Utah State University		
CITY-ST-ZIP	Logan, UT 84322		
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			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 215-2836900
 Date Daytime Phone #

CR2E037 (9/99)