

9/3/02

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90112 015 \*\*\*\*62.00

### 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N01000005749**

1. Entity Name  
**EAGLE BOXING, DONE DEAL CHARITABLE ORGANIZATION INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
13180 S.W. 103RD STREET      13180 S.W. 103RD STREET  
DUNNELLON FL 34432      DUNNELLON FL 34432

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  
**59-3750292**      Applied For  
Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required

**42668**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHASE, ANTHONY J SR.**  
13180 S.W. 103RD STREET  
DUNNELLON FL 34432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**After September 13, 2002, min. will be \$236.25.**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CHASE, ANTHONY J SR. 13180 S.W. 103RD STREET DUNNELLON FL 34432</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, TROY H POST OFFICE BOX 12851 GAINESVILLE FL 32604</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, MICHAEL E PH.D. POST OFFICE BOX 561 BELLEVIEW FL 34421</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 the empowered.

SIGNATURE: *Anthony J. Chase*      **SR.**      9/1/02      (352) 489-4604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (4/02)