

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90105 006 \*\*\*\*61.25

**DOCUMENT # N06328**

1. Entity Name

**EAGLE AUDUBON SOCIETY, INC.**

Principal Place of Business

KINGS POINT CLUBHOUSE  
 HEALTH ROOM - \*  
 SUN CITY CENTER FL 33573

Mailing Address

P. O. BOX 5813  
 SUN CITY CENTER FL 33571-5813  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

\* **BANQUET ROOM**

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2234564**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROWTHER, JOHN**  
**2228 DEL WEBB BLVD. W.**  
**SUN CITY CENTER FL 33573**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FOSTER, GILBERT C	1703 HAMMERSMITH DRIVE	SUN CITY CENTER FL	<input type="checkbox"/>
S	LI, ELLEN L	2003 HEATHFIELD CIRCLE	SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/>
FVP	ABBOTT, IRENE T	1902 NEW BEDFORD DRIVE	SUN CITY CENTER FL 33573	<input type="checkbox"/>
T	SPAULDING, ARTHUR	<del>907 STONEHAM DR</del> 2421 EMERALD LAKE DRIVE	SUN CITY CENTER FL APT 203	<input type="checkbox"/>
D	MCENTYRE, MAE	1010 AMERICAN EAGLE BLVD, APT. 120	SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/>
D	DUKE, NORMAN S.	2022 HEATHFIELD CR.	SUN CITY CENTER FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2 VP VICE PRES	JANDRA MILLER	304 SEDGEWICK COURT	SCC, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	BETTY PITTS	605 FORT DUQUESNA DR	SCC, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	KAY CRUIKSHANK	802 McALLISTER AVE	SCC, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ROZ MERRITT	2345 GLENMORE CIRCLE	SCC, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JULIA NUFFERT	244 NEW HAVEN CIRCLE	SCC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	DAVIE SIDNER	1010 AMERICAN EAGLE BLVD	SCC APT 209	<input type="checkbox"/>	<input checked="" 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 like empowered.

SIGNATURE:

*John Crowther* President

4/13/00

813 633-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)