

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State
 07-25-2000 90001 016 ***150.00

DOCUMENT # P98000009403

1. Entity Name
EAGERTON ENTERPRISES, INC. *R*

Principal Place of Business Mailing Address

~~5103 NE 60 TERRACE~~ ~~5103 NE 60 TERRACE~~
~~SILVER SPRINGS FL 34488~~ ~~SILVER SPRINGS FL 34488~~
1800 SW 55 Lane **SAME**
OCALA, FL 34474

2. Principal Place of Business 3. Mailing Address

SAME **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

FL *FL*

Zip Country Zip Country

34474 **MARION** *34474* **USA**

4. FEI Number Applied For

59-3497511 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

EAGERTON, LAWRENCE T
~~5103 NE 60 TERRACE~~
~~SILVER SPRINGS FL 34488~~
1800 SW 55 Lane
OCALA, FL 34474

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 *L.T. EAGERTON - PRESIDENT* DATE _____

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	EAGERTON, LAWRENCE T	
STREET ADDRESS	5103 NE 60 TERRACE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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 officers and directors.

SIGNATURE: *L.T. EAGERTON - PRESIDENT* Date *7-13-2000* Daytime Phone # *352-236-2787*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment
DT# 09800009403
DW73617

RENTAL GUIDE

MAGAZINE®

Helping Renters Feel at Home

7-18-2000

We are a small family
owned company that incorporated
last year. We moved in
February and did not receive
your first request for filing
fee.

We pay our bills on a timely
basis. Please consider our
circumstances and accept our
Report and removal fee - Thank ^{RG41} - Jerry