

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **F97000004794**

1. Entity Name

ERI West Palm Beach, Inc.



03 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15 Old Danbury Rd Suite, Apt. #, etc.	3. Mailing Address P.O. Box 812 Suite, Apt. #, etc.
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City & State Wilton, CT	City & State Wilton, CT
Zip 064897	Country
Country	Zip 064897-0812
Country	Country

4. FEI Number 65-0774418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street
City Tallahassee
State FL
Zip Code 32301

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Hugh C. Scott 16 Honey Hill Lane Lyme, CT 06371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Timothy M. Shine 24 Ledge Hill Road Southboro, MA 01772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Cheri F. Gavreilidis 110 Strawberry Hill Norwalk, CT 06851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John W. Auchincloss 90 Kettle Creek Road Weston, CT 06883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	800017624103 04/30/03--01124--020 **150.00
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheri Gavreilidis **Cher Gavreilidis** 4/25/03 203 563 5134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

gr 5/5