

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0350307 AV

DOCUMENT # G12498

1. Entity Name

FLORIDA MANAGEMENT COMPANY

04-02-2002 90929 028 ***158.75

Principal Place of Business

**1555 PALM BCH LKS BLVD #1100
P O BOX 3267
WEST PALM BEACH FL 33402**

Mailing Address

**1555 PALM BCH LKS BLVD #1100
P O BOX 3267
WEST PALM BEACH FL 33402**



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

59-2239864

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

**ECCLESTONE, E. LLWYD, JR.
1555 PALM BCH LKS BLVD #1100
WEST PALM BEACH FL 33401**

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CDP ECCLESTONE, E LLWYD, JR 1555 PALM BCH LKS BLVD W PALM BCH, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD COOPER, RON 1555 PALM BCH LKS BLVD W PALM BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BCH LKS BLV W PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BISHOP, PATRICE G 1555 PALM BCH LKS BLVD. W PALM BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

561/686-2000

Daytime Phone #

CR2E034 (9/01)