

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **649245**

1. Entity Name
ECCLESTONE RESOURCE GROUP, INC.

Principal Place of Business
**1555 PALM BCH. LKS BLVD. #1100
P O BOX 3267
W. PALM BEACH FL 33402-3267**

Mailing Address
**1555 PALM BCH. LKS BLVD. #1100
P O BOX 3267
W. PALM BEACH FL 33402-3267**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90440 050 ***158.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1975325**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECCLESTONE, E.LJR.
1555 PALM BCH. LKS BLVD. #1100
P.O. BOX 3567
W PALM BEACH FL 33401**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ECCLESTONE, E L JR	
STREET ADDRESS	1555 PALM BCH LKS BLVD.	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	COOPER, RON	
STREET ADDRESS	1555 PALM BCH LKS BLVE	
CITY-ST-ZIP	W PALM BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAMMON, NANNETTE	
STREET ADDRESS	1555 PALM BCH LKS BLVD	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

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		
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 like empowered.

SIGNATURE:

Ron Cooper

3/1/02

561/686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0350396 AV

CR2E034 (9/01)