

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J76293

1. Entity Name

EAST DUNE LANE CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90242 024 ***150.00

Principal Place of Business

Mailing Address

% JOHN C. DOTERRER
125 WORTH AVE. STE 310
PALM BEACH FL 33480

% JOHN C. DOTERRER
125 WORTH AVE. STE 310
PALM BEACH FL 33480-4430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0008327

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

DOTERRER, JOHN C.
125 WORTH AVENUE, STE 310
PALM BEACH FL 33480

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PTD	DONNELLY, JOHN CHARLES	33 OCEAN AVE, APT 512	PALM BEACH SHORES FL 33404	<input type="checkbox"/>
S	DOTERRER, JOHN C.	125 WORTH AVE #310	PALM BEACH FL	<input type="checkbox"/>
VD	TAYLOR, LAURA DONNELLY	P.O. BOX 1022 N/A	EAST HAMPTON NY 11937	<input type="checkbox"/>
VD	DONNELLY, WILLIAM S.	170 OCEAN LANE DR APT 702	KEY BISCAYNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Feb 2000 561-655-7297

Date

Daytime Phone #

CR2E034 (9/99)