

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90165 032 ***150.00

MAN/STW AV

DOCUMENT # J76293

1. Entity Name

EAST DUNE LANE CORPORATION

Principal Place of Business

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

Mailing Address

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

80027619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0008327**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 **PTD** ☐ Delete
 NAME **DONNELLY, JOHN CHARLES**
 STREET ADDRESS **33 OCEAN AVE, APT 512**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

TITLE **S** ☐ Delete
 NAME **DOTTERER, JOHN C.**
 STREET ADDRESS **125 WORTH AVE #310**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **VD** ☐ Delete
 NAME **TAYLOR, LAURA DONNELLY**
 STREET ADDRESS **P.O. BOX 1022 N/A**
 CITY-ST-ZIP **EAST HAMPTON NY 11937**

TITLE **VD** ☐ Delete
 NAME **DONNELLY, WILLIAM S.**
 STREET ADDRESS **170 OCEAN LANE DR APT 702**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **secretary** ☐ Change ☒ Addition
 NAME **Donnelly, Laura**
 STREET ADDRESS **P.O. Box 1022**
 CITY-ST-ZIP **East Hampton, NY, 11937**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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:

SIGNATURE OF REGISTERED AGENT **Laura Donnelly**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/27/02** Daytime Phone # **631-324-3199**

CR2E034 (9/01)