

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90190 027 ***150.00

DOCUMENT # J76293

1. Entity Name
EAST DUNE LANE CORPORATION



Principal Place of Business
% JOHN C. DOTTERRER
125 WORTH AVE. STE 310
PALM BEACH FL 33480

Mailing Address
% JOHN C. DOTTERRER
125 WORTH AVE. STE 310
PALM BEACH FL 33480

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 **65-0008327**

Applied For

Not Applicable

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

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

Name **Guy Rabideau**
Street Address (P.O. Box Number is Not Acceptable) **50 Coconut Row Suite 220**
City **Palm Beach** **FL** Zip Code **33480**

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 **Guy Rabideau**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE **VO** ☒ Change ☐ Addition
NAME **Laura Donnelly**
STREET ADDRESS **P.O. Box 1022**
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 BISCAVNE FL 33149**

TITLE **VO** ☒ Change ☐ Addition
NAME **William S. Donnelly**
STREET ADDRESS **630 Curtisswood Drive**
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE **S** ☐ Delete
NAME **DONNELLY, LAURA**
STREET ADDRESS **PO BOX 1022**
CITY-ST-ZIP **EAST HAMPTON NY 11937**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)