

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90151 031 \*\*\*150.00

**00046768**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # K43495</b> 1. Entity Name <div style="text-align: center; padding-top: 10px;"><b>E.G.W. PROPERTIES, INC.</b></div>																																																																																																																	
Principal Place of Business			Mailing Address																																																																																																														
1067 SOUTH OCEAN BLVD. PALM BEACH, FL 33480			1067 SOUTH OCEAN BLVD. 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																																																																																																													
4. FEI Number <b>65-0082717</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>6. Name and Address of Current Registered Agent</b>   <div style="padding-top: 10px;"><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> 1201 HAYS STREET TALLAHASSEE, FL 32301</div> </div> <div style="width: 48%;"> <b>7. Name and Address of New Registered Agent</b>  <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">City</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"> <span><b>FL</b></span> <span>Zip Code</span> </div> </div> </div>																																																																																																																	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																																																																																																	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b> </div>																																																																																																														
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00</b> May Be Added to Fees																																																																																																														
<div style="display: flex;"> <div style="width: 45%;"> <b>11. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COLEMAN, JOHN J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1067 SOUTH OCEAN BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HINES, JR., EDWARD F.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>63 SALEM STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ANDOVER, MA 01810</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 55%;"> <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	COLEMAN, JOHN J.		STREET ADDRESS	1067 SOUTH OCEAN BLVD.		CITY-ST-ZIP	PALM BEACH, FL 33480		TITLE	TSD	<input type="checkbox"/> Delete	NAME	HINES, JR., EDWARD F.		STREET ADDRESS	63 SALEM STREET		CITY-ST-ZIP	ANDOVER, MA 01810		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		
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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.																																																																																																																	
<b>SIGNATURE:</b>			<b>Edward F. Hines, Jr.</b> <b>Secretary</b>																																																																																																														
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>4/18/01</b></span> <span><b>(617) 248-5008</b></span> </div> <small>Date Daytime Phone #</small>																																																																																																														

CR2E034 (11/00)