

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62229

1. Entity Name

IBIS LAKES CO.

Principal Place of Business

C/O E. LLWYD ECCLESTONE, III
1555 PLAM BCH. LAKES BLVD., S-1100
WEST PALM BCH. FL 33401

Mailing Address

C/O E. LLWYD ECCLESTONE, III
1555 PLAM BCH. LAKES BLVD., S-1100
WEST PALM BCH. FL 33401-2328

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

65-0185866

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

ECCLESTONE, E. LLWYD, III
1555 PALM BCH. LAKES BLVD.
S-1100
WEST PALM BCH. 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, 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
DCP	ECCLESTONE, E. LLWYD III	1555 PALM BCH LAKES BLVD	WEST PALM BCH. FL	<input type="checkbox"/>
S	NANNETTE GAMMON	1555 PALM BEACH LAKES BLVD	W. PALM BEACH FL	<input type="checkbox"/>
EV	COOPER, RON	1555 PALM BCH LKS BLVD	W PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<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"/>
				<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 ill-empowered.

SIGNATURE:

Ron Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

561/686-2000

Daytime Phone #

CR2E034 (9/99)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90058 004 ***158.75



DO NOT WRITE IN THIS SPACE