

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000057

1. Entity Name
ECLIPSE ENERGY COMPANY, LC

Principal Place of Business
20217 BACKNINE DR
BOCA RATON FL 33498

Mailing Address
20217 BACKNINE DR
BOCA RATON FL 33498

2. Principal Place of Business
BOCA RATON
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Florida

City & State

Zip
33498

Country
USA

Zip

Country

4. FEI Number 58-2288062

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWEY, IRVING S
20217 BACKNINE DR
BOCA RATON FL 33498

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 *Irving S. Lowey*

IRVING S. LOWEY PRES.

1-13-01

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent Signature required when installing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOWEY, IRVING S
20217 BACKNINE DR
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STOLZENBERG, PHILIP
20217 BACKNINE DR
BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400003568394--1
-01/23/01--01079--025
****100.00 ****50.00

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Irving S. Lowey Pres

1-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0032525 SP

CR2E083 (11/00)

FILED
01 JAN 19 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE