

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070433

1. Entity Name

BAY HILL DEVELOPMENT COMPANY

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90019 016 \*\*\*158.75

Principal Place of Business

Mailing Address

1555 PALM BEACH LAKES BLVD. #1100  
WEST PALM BEACH FL 33401

1555 PALM BEACH LAKES BLVD. #1100  
WEST PALM BEACH FL 33401-2328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0723031

Applied For

Not Applicable

Zip

Country

Zip

Country

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 L  
1555 PALM BEACH LAKES BLVD. #1100  
WEST PALM BEACH 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DC	ECCLESTONE, E LLWYD JR	1555 PALM BEACH LAKES BLVD. #1100	WEST PALM BEACH FL 33401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	ECCLESTONE, E LLWYD III	1555 PALM BEACH LAKES BLVD. #1100	WEST PALM BEACH FL 33401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
EVPT	COOPER, RON	1555 PALM BCH LKS BLVD #1100	WEST PALM BCH FL 33401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	THOMAS, GARY	1555 PALM BCH LKS BLVD #1100	WEST PALM BCH FL 33401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	GAMMON, NANNETTE	1555 PALM BCH LKS BLVD #1100	WEST PALM BCH FL 33401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	PIRETTI, ROSANNE	155 PALM BCH LAKES BLVD	WEST PALM BCH FL 33401	<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 like empowered.

SIGNATURE: Ron Cooper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 561/686-2000

Date Daytime Phone #

CR2E034 (9/99)