

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90006 034 \*\*\*150.00

**DOCUMENT # P96000070433**

1. Entity Name  
**BAY HILL DEVELOPMENT COMPANY**

Principal Place of Business  
**1555 PALM BEACH LAKES BLVD. #1100  
WEST PALM BEACH FL 33401**

Mailing Address  
**1555 PALM BEACH LAKES BLVD. #1100  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
**357 Hiatt Drive**

3. Mailing Address  
**357 Hiatt Drive**

Suite, Apt. #, etc.  
**A**

Suite, Apt. #, etc.  
**A**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33418**

Country  
**USA**

Zip  
**33418**

Country  
**USA**

4. FEI Number **65-0723031**

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

Name  
**E. Llwyd Ecclestone, III**

Street Address (P.O. Box Number is Not Acceptable)  
**357 Hiatt Drive, Suite A**

City  
**Palm Beach Gardens**

FL

Zip Code  
**33418**

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 *E. Llwyd Ecclestone, III* **1/11/01**

(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, 2001 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	DC ECCLESTONE, E LLWYD JR 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECCLESTONE, E LLWYD III 1555 PALM BEACH LAKES BLVD. #1100 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT COOPER, RON 1555 PALM BCH LKS BLVD #1100 WEST PALM BCH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, GARY 1555 PALM BCH LKS BLVD #1100 WEST PALM BCH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BCH LKS BLVD #1100 WEST PALM BCH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PIRETTI, ROSANNE 155 PALM BCH LAKES BLVD WEST PALM BCH FL 33401	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ecclestone, E Llwyd III 357 Hiatt Drive, Suite A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas, Gary 357 Hiatt Drive, Suite A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hagelin, Joseph 357 Hiatt Drive, Suite A Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Piretti, Rosanne 357 Hiatt Drive, Suite, A Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE: *E. Llwyd Ecclestone, III* **1/11/01** **561-627-1270**

SIGNATURE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)