

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90036 012 ***150.00

DOCUMENT # P96000101398

1. Entity Name
RESERVE DEVELOPMENT COMPANY



Principal Place of Business
**357 HIATT DRIVE
SUITE A
PALM BEACH GARDENS FL 33418**

Mailing Address
**357 HIATT DRIVE
SUITE A
PALM BEACH GARDENS FL 33418**



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

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

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0722658**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ECCLESTONE, E. LLWYD
357 HIATT DRIVE
SUITE A
WEST PALM BEACH FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

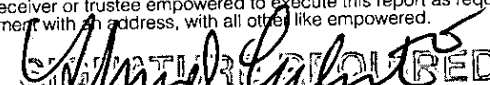
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ECCLESTONE, LLWYD III 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, GARY 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PIRETTI, ROSANNE 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUGARS, CATHERINE J 357 HIATT DRIVE SUITE A PALM BEACH GARDENS FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/13/03 561 627 1270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)