

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048593

1. Entity Name

ECCLESTONE ESTATE HOMES COMPANY

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

05-08-2000 90019 019 \*\*\*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

Zip

Country

Zip

Country

4. FEI Number

65-0845115

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

GAMMON, NANNETTE ESQ  
1555 PALM BEACH LAKES BLVD.  
SUITE 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 VT ☐ Delete  
NAME ECCLESTONE, E L III  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD. #1100  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE DC ☐ Delete  
NAME ECCLESTONE, E L JR  
STREET ADDRESS 1555 PALM BCH LAKES #1100  
CITY-ST-ZIP WPB FL 33401

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

TITLE CT ☐ Delete  
NAME COOPER, RON  
STREET ADDRESS 1555 PALM BCH LAKES #1100  
CITY-ST-ZIP WPB FL 33401

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

TITLE S ☐ Delete  
NAME GAMMON, NANNETTE  
STREET ADDRESS 1555 PALM BCH LAKES #1100  
CITY-ST-ZIP WPB FL 33401

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

TITLE AS ☐ Delete  
NAME PIRETTI, ROSANNE  
STREET ADDRESS 1555 PALM BCH LAKES #1100  
CITY-ST-ZIP WPB FL 33401

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 an other like 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)