

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2001 90010 016 ***150.00

DOCUMENT # P98000048593

1. Entity Name
ECCLESTONE ESTATE HOMES 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
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2. Principal Place of Business 357 Hiatt Drive Suite, Apt. #, etc. A	3. Mailing Address 357 Hiatt Drive Suite, Apt. #, etc. A
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City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
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4. FEI Number 65-0845115	Applied For <input type="checkbox"/> Not Applicable
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Zip 33418	Country USA	Zip 33418	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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 E. Llwyd Ecclestone, III
Street Address (P.O. Box Number is Not Acceptable) 357 Hiatt Drive
Suite Suite A
City Palm Beach Gardens
State 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*
 E. Llwyd Ecclestone, III

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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 PD	<input type="checkbox"/> Delete
NAME ECCLESTONE, E L III	
STREET ADDRESS 1555 PALM BEACH LAKES BLVD. #1100	
CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE DC	<input checked="" type="checkbox"/> Delete
NAME ECCLESTONE, E L JR	
STREET ADDRESS 1555 PALM BCH LAKES #1100	
CITY-ST-ZIP WPB FL 33401	
TITLE VT	<input checked="" type="checkbox"/> Delete
NAME COOPER, RON	
STREET ADDRESS 1555 PALM BCH LAKES #1100	
CITY-ST-ZIP WPB FL 33401	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME GAMMON, NANNETTE	
STREET ADDRESS 1555 PALM BCH LAKES #1100	
CITY-ST-ZIP WPB FL 33401	
TITLE AS	<input type="checkbox"/> Delete
NAME PIRETTI, ROSANNE	
STREET ADDRESS 1555 PALM BCH LAKES #1100	
CITY-ST-ZIP WPB FL 33401	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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: *E. Llwyd Ecclestone, III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 561-627-1270

E. LLWYD ECCLESTONE, III

UBR 11/01

CR2E034 (10/00)