## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 30, 2002 8:00 am P98000048593 DOCUMENT # Secretary of State 1. Entity Name 01-30-2002 90025 009 \*\*\*150.00 ECCLESTONE ESTATE HOMES COMPANY: Principal Place of Business Mailing Address 357 HIATT DRIVE 357 HIATT DRIVE WEST PALM BEACH FL 33418 WEST PALM BEACH FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0845115 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECLLESTONE. E LLWYD III Street Address (P.O. Box Number is Not Acceptable) 357 HIATT DRIVE STE A **WEST PALM BEACH FL 33418** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ŢΪ. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition ECCLESTONE, E L III NAME 357 HIATT DRIVE STE A STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33418 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, GARY NAME NAME STREET ADDRESS 357 HIATT DRIVE STE A STREET ADDRESS CITY-ST-ZIP **WEST PALM BEACH FL 33418** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PIRETTI, ROSANNE NAME NAME 357 HIATT DRIVE STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WEST PALM BEACH FL 33418** CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Treasurer Change NAME NAME Catherine J. Shugars STREET ADDRESS STREET ADDRESS 357 Hiatt Drive, Suite A CITY-ST-ZIE CITY-ST-7IP West Palm Beach, FL. 33418 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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

Date

Daytime Phone #

FILED