

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90036 015 ***150.00

DOCUMENT # P98000048593

1. Entity Name
ECCLESTONE ESTATE HOMES COMPANY



Principal Place of Business
357 HIATT DRIVE
A
WEST PALM BEACH FL 33418

Mailing Address
357 HIATT DRIVE
A
WEST PALM BEACH FL 33418

30000300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0845115**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 LLWYD III
357 HIATT DRIVE
STE A
WEST PALM BEACH FL 33418

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: _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ECCLESTONE, E L III	
STREET ADDRESS	357 HIATT DRIVE STE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, GARY	
STREET ADDRESS	357 HIATT DRIVE STE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIRETTI, ROSANNE	
STREET ADDRESS	357 HIATT DRIVE STE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHUGARS, CATHERINE J	
STREET ADDRESS	357 HIATT DRIVE SUITE A	
CITY-ST-ZIP	WEST PALM BEACH FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE: _____

NOT RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/3

Date

Daytime Phone #

561 627 1270

CR2E034 (10/02)