

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90112 004 ***150.00

DOCUMENT # P98000074185
Entity Name
ECLIPSE LAND HOLDINGS, INC.

Principal Place of Business
1721 RAINBOW DR.
CLEARWATER, FL.
33755
Mailing Address
1721 RAINBOW DR.
CLEARWATER, FL.
33755

Principal Place of Business
1721 RAINBOW DR
Suite, Apt. #, etc.
3. Mailing Address
1721 RAINBOW DR
Suite, Apt. #, etc.

City & State
CLEARWATER, FL
Zip
33755
Country
PINELLAS
City & State
CLEARWATER, FL
Zip
33755
Country
PINELLAS

4. FEI Number
65-0911213
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
KELLY, ROBERT J.
1968 BAYSHORE BLVD
DUNEDIN, FL. 34698

7. Name and Address of New Registered Agent
Name
J. MARCUS VERNON
Street Address (P.O. Box Number is Not Acceptable)
1721 RAINBOW DR
City
CLEARWATER
FL
Zip Code
33755

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 X
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE
4/13/00

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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ROBERT J.	NAME	J. MARCUS VERNON
STREET ADDRESS		STREET ADDRESS	1721 RAINBOW DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL. 33755
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
4/13/00
727-447-4444
Daytime Phone #

CR2E034 (9/99)