

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01718

1. Entity Name

EATON SQUARE, INC.

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

05-08-2000 90168 046 \*\*\*150.00

Principal Place of Business

Mailing Address

440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480

440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480-4142

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0231692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, FRANK L.  
440 ROYAL PALM WAY  
SUITE 200  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

505 S. Flagler Drive, Suite 300

City

West Palm Beach

FL

Zip Code

33401

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

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS CHOPIN, L. FRANK  
CITY-ST-ZIP 440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS KATHLEEN DUROSS FORD  
CITY-ST-ZIP 440 ROYAL PALM WAY, STE. 200  
PALM BEACH FL 33480

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 505 S. Flagler Drive, Suite 300  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 505 S. Flagler Drive, Suite 300  
CITY-ST-ZIP West Palm Beach, FL 33401

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

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

TITLE ☐ Change ☐ Addition  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(561) 655-9500

Daytime Phone #

CR2E034 (9/99)