

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27604
1. Entity Name: Sandpiper Cove Financial Corporation

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|----------------|--|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business 1555 Palm Beach Lakes Blvd | | 3. Mailing Address Suite, Apt. #, etc 1100 | | 4. FEI Number 65-0329071 | | Applied For Not Applicable | |
| City & State West Palm Beach, Florida | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 33401 | Country USA | Zip | Country | | | | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: E. Llwyd Ecclestone, Jr.
Street Address (P.O. Box Number is Not Acceptable):
1555 Palm Beach Lakes Blvd
Suite 1100
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: (same as below) DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consisting)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | Pres. / Chairman/Director E. Llwyd Ecclestone, Jr. 1555 Palm Beach Lakes Blvd. #1100 West Palm Beach, Fl. 33401 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/Director/-Treasurer Ron Cooper 1555 Palm Beach Lakes Blvd. #1100 West Palm Beach, Fl. 33401 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7000006696177-5 -07/26/02--01011--008 ***\$50.00 ***\$50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Nannette Gammon 1555 Palm Beach Lakes Blvd. #1100 West Palm Beach, Fl. 33401 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>7/26/02</u> <u>T. Lewis</u> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like employment.

SIGNATURE: E. Llwyd Ecclestone Date: 6/7/02 (561) 686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)