UN	DO3 FOR PROF	ESS REPOP	_		Apr 07, 2 Secreta	LED 2003 8:(ary of St 21003 033 ***15		
•	ER COVE FINANCIAL COP	RPORATION			04-07-2003 5	91003 033 ***13	8.75	
Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401		Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401						
2. Principal I	Place of Business	3. Mailing Address				OLĂN PROVE ENCLY PROVE UNDER U		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				HAKING CHANGES	i	
City & State		City & State			4. FEI Number 65-0329071	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Curren	nt Registered Agent	Nam	- I	7. Name and Address of New Reg	• • • • • • • • • • • • • • • • • • •	· · ·	
ECCLESTONE, E. LLWYD JR. 1555 PALM BEACH LAKES BLVD.					, RO. Box Number is Not Acceptable)	-		
SUITE 1100 WEST PALM BEACH FL 33401			City				10	
8. The above	a named entity submits this statement	for the purpose of changing in		e or registere	ed agent, or both, in the State of Florid			
,	tions of registered agent.							
<u> </u>	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered Agent sig	gnature required t	when reinstating)	I DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				 Election Campaign Finan Trust Fund Contribution. 		0 May Be d to Fees	
10.	OFFICERS AN		11. TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	ECCLESTONE, E. LLWYD JR. 1555 PALM BCH LAKES BLVD., WEST PALM BEACH FL 33401		NAME STREET ADDRES CITY-ST-ZIP	SS PD			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT COOPER, RON 1555 PALM BCH LAKES BLVD., WEST PALM BEACH FL 33401	Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	55		1 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLV WEST PALM BEACH FL 33401	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	55	<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	35		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	35		Change	C Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	s		Change	Addition	
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address	is true and accurate and that powered to execute this repor	my signature sha t as required by C	II have the sa	ame legal effect as if made under gat	h-that Lam an officer	or director	
		ure regum	arn /	1 m	K 3/1/03	561/686	5-2000	
SIGNAT	URE: Kon Cooper, Ex	PRINTED NAME OF SIGNING OFFICER	esident 🖊	NIF	Date	Daytime Phone #		