

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29631

1. Entity Name

SANDPIPER COVE MANAGEMENT COMPANY

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90006 036 ***150.00

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 Place of Business
357 Hiatt Drive

3. Mailing Address
357 Hiatt Drive

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number 65-0329070

Applied For

Not Applicable

Zip

33418

Country

U.S.A.

Zip

33418

Country

U.S.A.

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
1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH FL 33401

Name
E. LLWYD ECCLESTONE, III

Street Address (P.O. Box Number is Not Acceptable)
357 Hiatt Drive, Suite A

Palm Beach Gardens

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.

SIGNATURE

E. LLWYD ECCLESTONE, III

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ECCLESTONE, E. LLWYD, III
STREET ADDRESS 1555 PALM BCH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 357 Hiatt Drive, Suite A
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE EVT ☒ Delete
NAME COOPER, RON
STREET ADDRESS 1555 PALM BEACH LAKES BLVD
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE S ☒ Delete
NAME NANNETTE GAMMON
STREET ADDRESS 1555 PALM BEACH LAKES BLVD
CITY-ST-ZIP W PALM BEACH FL

TITLE S ☐ Change ☒ Addition
NAME PIRETTI, ROSANNE
STREET ADDRESS 357 Hiatt Drive, Suite A
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME THOMAS, GARY
STREET ADDRESS 357 Hiatt Drive, Suite A
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME HAGELIN, JOSEPH
STREET ADDRESS 357 Hiatt Drive, Suite A
CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. LLWYD ECCLESTONE, III

Date

Daytime Phone #

CR2E034 (10/00)