


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90190 027 ***150.00

DOCUMENT # J76293

1. Entity Name
EAST DUNE LANE CORPORATION



Principal Place of Business
**% JOHN C. DOTTERRER
125 WORTH AVE. STE 310
PALM BEACH FL 33480**

Mailing Address
**% JOHN C. DOTTERRER
125 WORTH AVE. STE 310
PALM BEACH FL 33480**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0008327** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DOTTERRER, JOHN C.
125 WORTH AVENUE, STE 310
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **Guy Rabideau**

Street Address (P.O. Box Number is Not Acceptable) **50 Coconut Row Suite 220**

City **Palm Beach** FL Zip Code **33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Guy Rabideau
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DONNELLY, JOHN CHARLES	
STREET ADDRESS	33 OCEAN AVE, APT 512	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOTTERRER, JOHN C.	
STREET ADDRESS	125 WORTH AVE #310	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, LAURA DONNELLY	
STREET ADDRESS	P.O. BOX 1022 N/A	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DONNELLY, WILLIAM S.	
STREET ADDRESS	170 OCEAN LANE DR APT 702	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONELLY, LAURA	
STREET ADDRESS	PO BOX 1022	
CITY-ST-ZIP	EAST HAMPTON NY 11937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Donnelly	
STREET ADDRESS	P.O. Box 1022	
CITY-ST-ZIP	East Hampton NY 11937	
TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William S. Donnelly	
STREET ADDRESS	630 Curtisswood Drive	
CITY-ST-ZIP	Key Biscayne FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEWART DONNELLY 2/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)