

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90074 045 ****70.00

0015474

DOCUMENT # N00000002550

1. Entity Name

ELVIS PRESLEY CONTINENTALS, INC.

Principal Place of Business

**2640 MC MICHAEL ROAD
 ST. CLOUD FL 34771**

Mailing Address

**2640 MC MICHAEL ROAD
 ST. CLOUD FL 34771**

2. Principal Place of Business

3. Mailing Address

P.O. Box 568082

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

4. FEI Number

59-3646310

Applied For

Not Applicable

Zip

Country

Zip

32856-8082

Country

ORANGE

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LAPORTE, SHARON A
 88 ZACALO WAY
 KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name **SUE MANUSZAK**

Street Address (P.O. Box Number is Not Acceptable)
2640 MC MICHAEL Rd

☒

City

ST. CLOUD

FL

Zip Code

34771

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 **Sue Manuszak**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/19/01

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUSZAK, SUE 2640 MC MICHAEL ROAD ST. CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYNN, PRISCILLA 2727 MENDELIN ST. APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, BARBARA 112843 KIRBY SMITH ROAD ORLANDO FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASSENOVE, DONNA 8260 E. CHARLIN PKWY ORLANDO FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JOHNSON, KAYE 2715 MENDELIN ST. APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **SUE MANUSZAK** **7/19/01 402-957-8858**

CR2E037 (5/01)