

UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90036 019 ***150.00

DOCUMENT # 512104
 Entity Name
ELIAS PUBLISHERS, INC.

Principal Place of Business Mailing Address
438 CRAIG DRIVE **438 CRAIG DRIVE**
1028 **PO BOX 1028**
TARPON SPRINGS FL 34688-1028 **TARPON SPRINGS FL 34688-1028**
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1689169** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RAYNARD, GEORGE
438 CRAIG DRIVE
TARPON SPRINGS FL 34688

7. Name and Address of New Registered Agent
 Name **BEATRICE L. RAYNARD**
 Street Address (P.O. Box Number is Not Acceptable) **438 CRAIG DRIVE**
 City **TARPON SPRINGS, FL** Zip Code **34689**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **BEATRICE L. RAYNARD Beatrice L. Raynard** DATE **1/10/2000**

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, 2000 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

OFFICERS AND DIRECTORS

DP RAYNARD, GEORGE 438 CRAIG DR TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete
ST RAYNARD, BEATRICE 438 CRAIG DR. TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete
D RAYNARD, BEATRICE 438 CRAIG DR. TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP RAYNARD, BEATRICE L. 438 CRAIG DRIVE (P.O. 1028) TARPON SPRINGS, FL 34688-1028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST STAMEY, GAIL RAYNARD 10878 SE 108th TERR. Rd. (Box 94) CANDLER, FL 32111	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BEATRICE L. RAYNARD** *Beatrice L. Raynard* Date **2/10/2000** (727) 937-9340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)