

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90003 026 ****61.25

DOCUMENT # 830548

1. Entity Name

ELAN VITAL, INC.

Principal Place of Business

Mailing Address

C/O LINDA S. GROSS
P.O. BOX 6130
MALIBU CA 90264

C/O LINDA S. GROSS
P.O. BOX 6130
MALIBU CA 90264-6130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7174539

Applied For

Not Applicable

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

LINDA S. GROSS
20 ISLAND AVE., #1104
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **THOMAS, KATHIE**
CITY-ST-ZIP **5321 DERRY AVE. STE G**
AGOURA HILLS CA

TITLE ☒ Change ☐ Addition
NAME **STD**
STREET ADDRESS **Kathie Thomas**
CITY-ST-ZIP **28720 Canwood Street**
Agoura Hills, CA 91301

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **THOMAS G. HAGAN**
CITY-ST-ZIP **755 LAKEFIELD DRIVE, SUITE J**
WESTLAKE VILLAGE CA

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GROSS, LINDA**
CITY-ST-ZIP **20 ISLAND AVE STE 1104**
MIAMI BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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: **ELAN VITAL, INC.**
SIGNATURE *Kathie Thomas*

2/7/2000

818-889-1360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #