

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90100 036 ****61.25

DOCUMENT # 830548

1. Entity Name

ELAN VITAL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

20 Island Avenue

Suite, Apt. #, etc.
Suite 1104

City & State
Miami Beach, FL

Zip
33139

3. Mailing Address

Elan Vital, Inc.

Suite, Apt. #, etc.
P.O. Box 6130

City & State
Malibu, CA

Zip
90264

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

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

7. Name and Address of New Registered Agent

Name
Linda M. Smith, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Suite 200

11900 Biscayne Boulevard

City
Miami **FL** Zip Code
33181

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 *Linda M. Smith*
Linda M. Smith, Esquire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/12/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
THOMAS, KATHIE
28720 CANWOOD STREET
AGOURA HILLS CA 91301 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition
Thomas G. Hagan
755 Lakefield Drive, Suite J
Westlake Village, CA 91301

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Carl B. Hebel
1223 Wilshire Boulevard, Suite 912
Santa Monica, CA 90403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Marcia Leitner
555 Kings Road
Alameda, CA 94501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
Barbara Brogan
135 Murcott Circle
Orange Village, OH 44022

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: *Kathie Thomas* **Kathie Thomas, Esquire** **1/22/01** **818/889-1360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)