

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830548

1. Entity Name

ELAN VITAL, INC.

Principal Place of Business

Mailing Address

20 ISLAND AVENUE
SUITE 104
MIAMI FL 33139

ELAN VITAL, INC
P.O. BOX 6130
MALIBU CA 90264

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

SMITH, LINDA M.
11900 BISCAYNE BLVD SUITE 200
MIAMI FL 33131

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
STREET ADDRESS
CITY-ST-ZIP
3TD
THOMAS, KATHIE
28720 CANWOOD STREET
AGOURA HILLS CA 91301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Thomas, Kathie
28720 Canwood Street, Suite 201
Agoura Hills, CA 91301

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMAS G. HAGAN
755 LAKEFIELD DRIVE, SUITE J
WESTLAKE VILLAGE CA 93021

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
Leblang, Larry D.
28720 Canwood Street, Suite 201
Agoura Hills, CA 91301

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

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Trine, Robert
2899 Agoura Road, TMB 219
Westlake Village, CA 91361

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEBELER, CARL
1223 WILSHIRE BLVD SUITE 912
SANTA MONICA CA 90402

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kowarsky, Stephen R.
6 Pembury Court
Melville, NY 11747

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEITNER, MARCIA
555 KINGS ROAD
ALAMEDA CA 94501

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROGAN, BARBARA
135 MURCOTT CIRCLE
ORANGE VILLAGE OH 44022

TITLE ☐ Change ☐ 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 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, Secretary
Kathie Thomas

4/4/02

818-889-1360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0092923

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90010 032 ****61.25



DO NOT WRITE IN THIS SPACE