

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843212

1. Entity Name

ELIADA HOMES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90095 004 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 16708
2 COMPTON DRIVE
ASHEVILLE NC 28816

P.O. BOX 16708
2 COMPTON DRIVE
ASHEVILLE NC 28816-0708

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

56-0611587

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

GIMON, ALEXANDER
10225 ULMERTON ROAD, STE 7-C
LARGO FL 33771

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 D ☐ Delete
NAME BLACKBURN, ROBERT M DR.
STREET ADDRESS 13 FOREST RD
CITY-ST-ZIP ASHEVILLE NC 28803

TITLE ☐ Change ☐ Addition
NAME *LIST ATTACHED*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROOKS, DARRELL F
STREET ADDRESS 346 RED FOX DR
CITY-ST-ZIP ASHEVILLE NC 28803

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

TITLE D ☐ Delete
NAME BROOKS, DARRELL F
STREET ADDRESS 346 RED FOX CIRCLE
CITY-ST-ZIP ASHEVILLE NC

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

TITLE D ☐ Delete
NAME DEMOS, MICHAEL S
STREET ADDRESS 5 FOSTER DRIVE
CITY-ST-ZIP ASHEVILLE NC 28806

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

TITLE SD ☐ Delete
NAME HIGDON, JOHN A
STREET ADDRESS 337 VANDERBILT RD
CITY-ST-ZIP ASHEVILLE NC 28803

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

TITLE D ☐ Delete
NAME GOODRUM, SMITH DR
STREET ADDRESS 932 HENDERSONVILLE ROAD
CITY-ST-ZIP ASHEVILLE NC 28803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)