

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843212

1. Entity Name

ELIADA HOMES, INC.

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* Chairman, Board of Trustees 02/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-28-254-5356** Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 049 *****61.25



DO NOT WRITE IN THIS SPACE

0091803

CR2E037 (9/01)

Attachment
Doc #843212

B0037251

D VanWagner, Robert H.
24 Forest Knoll Drive
Weaverville NC 28787
Retired, Insurance/Transportation
Class of 2002
Chairman-Elect

D Weilbaecher, Dr. James E.
13 Park Road
Asheville NC 28803
Orthopedic Surgeon, Retired
Class of 2004

D Willett, Michael J.
5 Wedgewood Court
Arden NC 28704
Retail Banking Manager
Class of 2004
Immediate Past Chairman

S Williams, Mrs. Robbie J.
10 Mayfair Place
Arden NC 28704
Owner, A Vision of You
Class of 2005
Secretary

12/01