

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90319 007 ***150.00

DOCUMENT # F00000004215

1. Entity Name
ELIOT HOUSE PROPERTIES, INC.

Principal Place of Business Mailing Address
~~580 COMMERCE STREET, SUITE 400~~ ~~580 COMMERCE STREET, SUITE 400~~
SOUTHLAKE TX 76092 **SOUTHLAKE TX 76092**

2. Principal Place of Business 3. Mailing Address
711 E Southlake Blvd **711 E Southlake Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Southlake TX **Southlake TX**
 Zip Country Zip Country
76092 **76092**

4. FEI Number **75-2202978** 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
LEWIS, HAROLD L
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 2400
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOBA, C. DAVID		NAME	Zoba, C David	
STREET ADDRESS	2626 HAVERFORD ROAD		STREET ADDRESS	6045 Sunset Lane	
CITY-ST-ZIP	COLUMBUS OH 43220		CITY-ST-ZIP	Indianapolis IN 46228	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOBA, ELIZABETH H		NAME	Zoba, Elizabeth H.	
STREET ADDRESS	2626 HAVERFORD ROAD		STREET ADDRESS	6045 Sunset Lane	
CITY-ST-ZIP	COLUMBUS OH 43220		CITY-ST-ZIP	Indianapolis IN 46228	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/28/02** **317 532-0200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #