

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90055 028 \*\*\*150.00

951002



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F15196**

**1. Entity Name**  
**ELKAR HOLDINGS (FLORIDA), INC.**

**Principal Place of Business**

**Mailing Address**

215 NORTH EOLA DRIVE  
 ORLANDO FL 32801

215 NORTH EOLA DRIVE  
 ORLANDO FL 32801-2028

**2. Principal Place of Business**

**3. Mailing Address**

5145 City STREET  
 Suite, Apt. #, etc.

5145 City STREET  
 Suite, Apt. #, etc.

**City & State**  
 ORLANDO, FL

**City & State**  
 ORLANDO, FL

**4. FEI Number** 59-2056341

**Applied For**  
 Not Applicable

**Zip** 32839 **Country** USA

**Zip** 32839 **Country** USA

**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**

JOHNSON, LORAN A.  
 215 N. EOLA DRIVE  
 ORLANDO FL 32801

**Name** JOEL K. SLATER  
**Street Address (P.O. Box Number is Not Acceptable)** 5145 City STREET  
**City** ORLANDO **FL** **Zip Code** 32839

**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]*

JOEL K. SLATER

4-20-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	DC	<input type="checkbox"/> Delete
<b>NAME</b>	MORTON, PAUL	
<b>STREET ADDRESS</b>	1090 DON MILLS RD STE 600	
<b>CITY-ST-ZIP</b>	DON MILLS,ONT,CANADA	
<b>TITLE</b>	VD	<input type="checkbox"/> Delete
<b>NAME</b>	GOLDBERG, LAURENCE	
<b>STREET ADDRESS</b>	488 HURON STREET	
<b>CITY-ST-ZIP</b>	TORONTO, CANADA M5R-2R3	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	GOLDBERG, ELAINE	
<b>STREET ADDRESS</b>	1090 DON MILLS ROAD	
<b>CITY-ST-ZIP</b>	DON MILLS,ONT,CANADA	
<b>TITLE</b>	DPTA	<input type="checkbox"/> Delete
<b>NAME</b>	MORTON, HENRY	
<b>STREET ADDRESS</b>	1090 DON MILLS RD, STE 600	
<b>CITY-ST-ZIP</b>	DON MILLS ON M3C3R	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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]* SIGNATURE RE: PAUL MORTON

4-21-00

416-444-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #