

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004617

1. Entity Name
ELDEN AND ASSOCIATES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90031 024 ***158.75

Principal Place of Business
3536 LIMERICK DR
TALLAHASSEE FL 32308

Mailing Address
3536 LIMERICK DR
TALLAHASSEE FL 32308-3139

C0009377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 59-3464645
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

RUDE JR, C. EDWIN
215 S MONROE ST., 2ND FL
TALLAHASSEE FL 32301

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

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	OWLES, RONALD D	
STREET ADDRESS	3536 LIMERICK DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DALTON, LAWRENCE M	
STREET ADDRESS	215 S MONROE ST 2ND FL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, DEAN S	
STREET ADDRESS	215 S MONROE ST 2ND FL	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	RUDE JR, C E	
STREET ADDRESS	215 S MONROE ST 2ND FL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOONE, EDDIE	
STREET ADDRESS	2047 FLORIDA AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Hill	
STREET ADDRESS	215 S. Monroe ST. 2nd FL.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Carson	
STREET ADDRESS	215 S. Monroe ST. 2nd FL.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Ronald D. Owles *Ronald D. Owles* 01/17/00 874-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)