

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002952

1. Entity Name

ELAD PROPERTIES, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90078 028 \*\*\*158.75

00012023



DO NOT WRITE IN THIS SPACE

Principal Place of Business 24296 SEASIDE ROAD C/O MR. DEANE D. LEWIN SEAVIEW VA 23429	Mailing Address 24296 SEASIDE ROAD C/O MR. DEANE D. LEWIN SEAVIEW VA 23429
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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	54-1945547	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301	

7. Name and Address of New Registered Agent	
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	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	TITLE	
NAME	LEWIN, DEANE D	NAME	
STREET ADDRESS	24296 SEASIDE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SEAVIEW VA 23429	CITY-ST-ZIP	
TITLE	DVT	TITLE	
NAME	LEWIN, KURT C	NAME	
STREET ADDRESS	24296 SEASIDE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SEAVIEW VA 23429	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	LEWIN, SALLY D	NAME	
STREET ADDRESS	24296 SEASIDE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SEAVIEW VA 23429	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1/25/01 Daytime Phone #: 757 331-2449

CR2E034 (10/00)