

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95793

1. Entity Name

ELEAZER ASSOCIATES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90064 017 ***150.00

Principal Place of Business

Mailing Address

% JILL ELEAZER SOKOL
800 2ND AVENUE SOUTH. STE. #320
ST PETERSBURG FL 33701

% JILL ELEAZER SOKOL
800 2ND AVENUE SOUTH. STE. #320
ST PETERSBURG FL 33701-4026

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

59-2953593

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

SOKOL, JILL ELEAZER
800 2 AVE S
STE 320
ST PETERSBURG FL 33701

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	P	<input type="checkbox"/> Delete
NAME	SOKOL, JILL ELEAZER	
STREET ADDRESS	800 2 AVE S #320	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOKOL, JOHN E.	
STREET ADDRESS	1309 47 AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	HARRIS, BEVERLEE	
STREET ADDRESS	12000 CAPRI CIRCLE SOUTH #11	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANERDAY, CHARLES	
STREET ADDRESS	800 2 AVE S #320	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JILL E. SOKOL

Date

1-17-00

Daytime Phone #

727/895-5455

CR2E034 (9/99)