

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90012 042 \*\*\*150.00

091200

00085459

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L85436**  
 1. Entity Name  
**ELAND ENERGY CORPORATION P**

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

**3724 AVE ST.**

**3724 PINE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**59-3015184**

Applied For

Not Applicable

Zip

**32205**

Country

**US**

Zip

**32205**

Country

**US**

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

Name

**JAMES H. HARRISON**

Street Address (P.O. Box Number is Not Acceptable)

**3724 PINE STREET**

City

**JACKSONVILLE**

FL

Zip Code

**32205**

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

**4 SEP 00**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

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

**PRESIDENT**  
**JAMES H. HARRISON**  
**3724 PINE ST.**  
**JACKSONVILLE FL 32205**

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 reports 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James H. Harrison**  
**PROG**

Date

Daytime Phone #

**4 SEP 00**  
**616-2000**  
**904-329**

091200

Attachment  
# L85436  
D0085459

**ELAND ENERGY CORPORATION**  
**3724 Pine Street**  
**Jacksonville, Florida 32205**  
**(904) 616-2000**

6 September 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

RE: Late filing appeal

Dear Sirs:

Pursuant to a telephone call to your office for instructions, please accept this letter, along with the Year 2000 Report and our check in the amount of \$150.00, as a ~~formal request to waive the late filing penalty for this report.~~ Eland Energy changed its principal place of business and office in late 1999. Although our US Mail forwarding service was still active we did not receive the original 2000 UBR form. This is my first year in this job, and although my duties included this function, I failed to notice the absence of the form and therefore failed to file the report in a timely fashion.

Please excuse this oversight and accept the report as filed. Thank you for your consideration of this request.

Sincerely,

  
Dawn Talley  
Administrative Assistant