

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85436

1. Entity Name

ELAND INVESTMENT CORPORATION

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90073 001 \*\*\*150.00

Principal Place of Business  
3724 Pine Street  
Jacksonville, FL 32205

Mailing Address  
3724 Pine Street  
Jacksonville, FL 32205

80062350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015184

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Harrison, James H.  
3724 Pine Street  
Jacksonville, FL 32205

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P D ☐ Delete  
Harrison, James H.  
3724 Pine Street  
Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

14 AUG 01 (904) 616-2000

CR2E034 (11/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L85436**

1. Entity Name

**ELAND ENERGY CORPORATION P**

Principal Place of Business

Mailing Address

2. Principal Place of Business

**3724 PINE ST.**

3. Mailing Address

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

(NOTE: Registered Agent signature required when transferring)

**4 SEP 00**

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

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES H. HARRISON</b>	
STREET ADDRESS	<b>3724 PINE ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
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		
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)(f), 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 or other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James H. Harrison**  
**PROS**

Date

Daytime Phone #

**4 SEP 00 616-2000 904-3399**

11-91999

ATTACHMENT  
BU062350

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

ATTORNEYS AND COUNSELORS AT LAW

L85436

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August 14, 2001

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

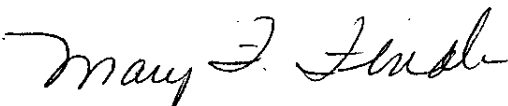
Re: 2001 Uniform Business Report for Eland Investment Corporation

Gentlemen:

Enclosed is the 2001 Uniform Business Report for Eland Investment Corporation, together with a check in the amount of \$150.00 in payment of the annual filing fee. Also enclosed for your reference is a copy of the 2000 Uniform Business Report that was filed with the Division of Corporations on September 13, 2000. You will see that on the 2000 Uniform Business Report the principal address and mailing address for Eland Investment Corporation were changed to 3724 Pine Street; however, the change of address was erroneously entered on the Division's records as 3724 Ave Street. Therefore, through no fault of Eland Investment Corporation, the 2001 Uniform Business Report was not received in a timely manner and we ask that you waive the late filing fee that would otherwise be due with the enclosed 2001 Uniform Business Report.

If you have any questions regarding the enclosed Uniform Business Report, please call me.

Sincerely,

  
Mary F. Fendle, Legal Assistant

/mff

Enclosures (2)

cc: James H. Harrison w/enclosures

Albert D. Capouano, Esq.

GATAXMFLTR\eland-01ubr-01.wpd