

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

0007559

DOCUMENT # N97000004813

1. Entity Name

BETH EL ELYON, INC.

02-25-2002 90100 031 ****61.25

Principal Place of Business

8839 CFE-94 E. 44th
LEESBURG FL 34788

Mailing Address

546 SILVER COURSE LOOP
OCALA FL 34472

2. Principal Place of Business

8839 CFE-94 E. 44th
LEESBURG FL 34788
 Suite, Apt. #, etc.

3. Mailing Address

546 SILVER COURSE LOOP
OCALA FL 34472
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEESBURG FL 34788

City & State

OCALA FL

4. FEI Number

59-3464277

Applied For

Not Applicable

Zip

34788

Country

USA

Zip

34472

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, JOSEPH
546 SILVER COURSE LOOP
OCALA FL 34472

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D CARPENTER, JOSPEH**
 STREET ADDRESS **546 SILVER COURSE LOOP**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
 NAME **D SODE, MARGE**
 STREET ADDRESS **CARTER ISLAND RD.**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE ☐ Delete
 NAME **D MCCLUNG, LEWIS**
 STREET ADDRESS **P.O. BOX 1471**
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)