

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006167

1. Entity Name

SANTA'S ELVES, INC.

Principal Place of Business

308 N. JANUS LANE  
ORMOND BEACH FL 32174

Mailing Address

2668 FLOWING WELL ROAD  
DELAND FL 32720

2. Principal Place of Business

308 N. Janice Lane

3. Mailing Address

308 N. Janice Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach, Fla.

City & State

Ormond Beach, Fla.

Zip

32174

Country

US

Zip

32174

Country

US

4. FEI Number

59-3477500

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

MIX, STUART S JR.  
2668 FLOWING WELL ROAD  
DELAND FL 32720

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME HILL YELVINGTON, BARBARA  
STREET ADDRESS 308 N. JANUS LANE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE DRA  
NAME MIX, STUART S JR  
STREET ADDRESS 2668 FLOWING WELL RD  
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

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

TITLE D  
NAME YELVINGTON, IRA  
STREET ADDRESS 308 N. JANUS LANE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90252 020 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)