## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000019614 1. Entity Name

ELITE GROUNDS, INC.

Principal Place of Business

7439 E. HILLSBOROUGH AVE.

TAMPA FL 33610

Mailing Address

7439 E. HILLSBOROUGH AVE.

**TAMPA FL 33610** 

## FILED May 15, 2001 8:00 am Secretary of State

05-15-2001 90054 048 \*\*\*158.75

N O I I O O W

2. Principal Place of Business			3. Mailing Address 15009 N. Florida Ave. # 322 1-amps FL 32613-1235 %						Diki Doiki Beldi i	iale igilə giləl i		
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 344				DO NOT WRITE IN THIS SPACE					
City & State			City & State				<b>4.</b> F	El Number		A	pplied For	٦
Tampa, FL			Tampa FL					59-36300	190	N	ot Applicable	_
Zip <b>336</b> 1	Country USA		zip 33413-1235	Coun	•		<b>5.</b> C	Certificate of Status Desire	d 🗹	\$8.75 Ad Fee Require		
	6. Name and Address	s of Current Reg	gistered Agent				7. N	ame and Address of Nev	v Registered	Agent		1
743	y, Buddy J 9 e hillsborough av IPA FL 33610		City	evy ddress (P. 2109 amou	. d. ва	Buddy J.  ox Number is Not Accepte alm Avenue	Suite	Zip Coo	de e	       		
8. The above	e named entity submits this	statement for the	e purpose of changing its	registere				ent, or both, in the State of	Florida.	<u></u>	<u>~5</u>	1
SIGNATURE  9. This corp	Signature, typed or printed name of oration is eligible to satisfy requirement and elects to o	registered agent and ti		: Registered	Agent signati	ure required w			DATE		00 May Be	
(See crite	ria on back)	×	Make Check Payabl	le to De	partmen	t of State		must Fund Contribu	MOH.	⊔ Adde	o to rees	
11.	_	ICERS AND DIR	ECTORS	12,			ADD	DITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARE, GLENDA 14802 N FLORIDA AV TAMPA FL 33613	E NO. A6	☐ Delete					îlenda es De Avila FL. 33613		Change	☐ Addition	100,07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MICHAEL C 14802 N FLORIDA AVE NO. A6 TAMPA FL 33613		☐ Delete		ET ADDRESS ST-ZIP	ALLE!	1, r =100	1, michael C. lores De Avila a, FL. 33613		☑ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			_, _,	<del>~ ,</del>			☐ Change	☐ Addition	
TITLE NAME 'STREET'ADDRESS' CITY-ST-ZIP		· .	☐ Delete	1		. <u>-</u>		- and the second se	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.   hereby 6	certify that the information s	upplied with this	☐ Delete	CITY-	T ADDRESS ST-ZIP	ed in Secti	ion 1	19.07/3Vi) Florida Statuto	s I further co	Change	Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: