

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115275

1. Entity Name

ELLISON GROUP HOME, INC.

Principal Place of Business

423 WILLDUKE ROAD  
WAUCHULA FL 33873

Mailing Address

238 LAKE THOMAS DRIVE  
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMADAN, KHAWLA  
4115 THACKERY WAY  
PLANT CITY FL 33567

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

*Khawla Ramadan*

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

TITLE

D  
NAME  
ELLISON, BELINDA  
STREET ADDRESS  
238 LAKE THOMAS DRIVE  
CITY-ST-ZIP  
WINTER HAVEN FL 33880

☐ Delete

TITLE

D  
NAME  
RAMADAN, KHAWLA  
STREET ADDRESS  
POST OFFICE BOX 4015  
CITY-ST-ZIP  
PLANT CITY FL 33564

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

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:

*Belinda Ellison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

863 2834564

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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00319

CR2E034 (10/00)