

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063600

1. Entity Name

ELOA INVESTCORP, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90148 021 \*\*\*150.00

Principal Place of Business

LAS OLAS CTR  
 450 E LAS OLAS BLVD 900  
 FT LAUDERDALE FL 33301  
 US

Mailing Address

LAS OLAS CTR  
 450 E LAS OLAS BLVD 900  
 FT LAUDERDALE FL 33301-2223  
 US

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

65-0529029

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

Name

DAVID W HORVITZ

Street Address (P.O. Box Number is Not Acceptable)

450 East Las Olas Boulevard  
 Suite 900

City

Ft. Lauderdale, FL 33301 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, 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 ☒ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPST  
 HORVITZ, WILLIAM D  
 LAS OLAS CTR 450 E LAS OLAS BLVD 900  
 FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 HORVITZ, DAVID W  
 450 E LAS OLAS BLVD 900  
 FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 BURTON, MELVIN F  
 450 E LAS OLAS BLVD 900  
 FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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NAME  
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 CITY-ST-ZIP

TITLE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D/V/S  
 LINDA H ROTH  
 450 E Las Olas Blvd., Suite 900  
 Fort Lauderdale, FL 33301

TITLE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 T  
 ROBERT J PUCK  
 450 E Las Olas Blvd., Suite 900  
 Fort Lauderdale, FL 33301

TITLE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ASST SECRETARY  
 VIRGINIA J BAKER  
 450 E Las Olas Blvd., Suite 900  
 Fort Lauderdale, FL 33301

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)