

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007782

1. Entity Name

ELAN HOMES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90195 018 ***150.00

Principal Place of Business 1300 CORP WAY SUITE 103 WELLINGTON FL 33414 US	Mailing Address 1300 CORPORATE WAY SUITE 103 WELLINGTON FL 33414 US
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2. Principal Place of Business 7100-39 FAIRWAY DR. Suite, Apt. #, etc. #204	3. Mailing Address 7100-39 FAIRWAY DR. Suite, Apt. #, etc. #204
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City & State Palm Beach GARDENS FL	City & State Palm Beach GARDENS FL
Zip 33418	Zip 33418
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645967	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLEY, V DONALD
11380 PROSPERITY FARMS RD, SUITE 204
PALM BEACH GARDENS FL 33410

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	P KALLARD, DENISE 13395 RUNNING WATER RD PALM BEACH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Denise Kallard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 561-793-4076
Date Daytime Phone #

CR2E034 (9/99)