

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **DA1600007A-182**

1. Entity Name

Elan Homes, Inc.

Principal Place of Business

Mailing Address

**5700 Lake Worth Road
Suite 209-8
Lake Worth, Florida 33463**

2. Principal Place of Business

3. Mailing Address

5700 Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209-8

209-8

City & State

City & State

Lake Worth, FL

Lake Worth FL

Zip **33463**

Country **USA**

Zip **33463**

Country **FL**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**V. Donged Hiley
11382 Prosperity Farms Rd
Suite 124
Palm Beach Gardens, FL 33410**

Name

Denise Kalland

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

5700 Lake Worth Rd

Suite 209-8

City

Lake Worth

FL

Zip Code

33463

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

Denise Kalland, President

Denise Kalland, President & Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

**President Denise Kalland
5700 Lake Worth Rd
Lake Worth, Florida
Suite 209-8 Zip: 33463**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

**800003432988-12/11/00--01023--012
*****61.25 *****61.25**

☐ Change ☐ Addition

☐ 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 I am empowered.

SIGNATURE:

Denise Kalland, Pres.

11/27/00 5619635100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AMENDING

2000 FILED

00 NOV 29 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)