

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008338

1. Entity Name  
ELEPHANT ENTERPRISES, INC.

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90003 029 \*\*\*150.00

Principal Place of Business  
P.O. BOX 1650  
POLK CITY FL 33868

Mailing Address  
P.O. BOX 1650  
POLK CITY FL 33868

00005154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
P.O. BOX 1501  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 1501  
Suite, Apt. #, etc.

City & State  
POLK CITY, FL  
Zip  
33868  
Country  
POLK

City & State  
POLK CITY, FL  
Zip  
33868  
Country  
POLK

4. FEI Number NOT APPLICABLE  
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

O'SULLIVAN, CHARLES M  
5301 STAGECOACH ROAD  
POLK CITY FL 33868

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SULLIVAN, JO-ANN F.  
11970 BACKLAND PATH  
POLK CITY FL 32868 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
CHARLES O'SULLIVAN  
P.O. BOX 1501  
POLK CITY, FL 33868 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PLEASE NOTICE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.  
CHERYL RAPOZA  
3509 PAWUCKET AVE  
EAST PROV. RI 02915 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRES.  
CHARLES O'SULLIVAN  
P.O. BOX 1501  
POLK CITY, FL 33868 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECT  
COLLEEN FORTE  
825 CREST ST.  
ROCK HILL, SC 29730 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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: CHARLES O'SULLIVAN *Charles O'Sullivan* 1-3-01 863-984-4495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0631964

CR2E034 (10/00)