

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035899

1. Entity Name

TRISH ELDERBROOK & CO., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90008 014 ***150.00

Principal Place of Business
2509 SWEET WATER COUNTRY CLUB DRIVE
APOPKA FL 32712

Mailing Address
2509 SWEET WATER COUNTRY CLUB DRIVE
APOPKA FL 32712-2505

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

59-3507435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Patricia Stenkula
Street Address (P.O. Box Number is Not Acceptable): 2509 Sweet Water Country Club Dr.
City: Apopka FL Zip Code: 32712

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: *Patricia E Stenkula, PRESIDENT*

DATE

4-10-00

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

TITLE: PTD
NAME: STENKULA, PATRICIA E
STREET ADDRESS: 2509 SWEET WATER COUNTRY CLUB DRIVE
CITY-ST-ZIP: APOPKA FL 32712 ☐ Delete

TITLE: ~~VSD~~
NAME: ~~HONTZ, ROSE MARY~~
STREET ADDRESS: ~~2509 SWEET WATER COUNTRY CLUB DRIVE~~
CITY-ST-ZIP: ~~APOPKA FL 32712~~ ☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: ☐ Delete

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: ☐ Change ☐ Addition

TITLE:
NAME:
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CITY-ST-ZIP: ☐ Change ☐ Addition

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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:

Patricia E Stenkula
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00
Date
407-884-7977
Daytime Phone #

CR2E034 (9/99)