

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90546 024 ***158.75

DOCUMENT # V17676

1. Entity Name

E.L.G. VENTURES, INC.

Principal Place of Business

**4655 SALISBURG RD
 JACKSONVILLE FL 32256
 US**

Mailing Address

**4655 SALISBURG RD
 JACKSONVILLE FL 32256
 US**

2. Principal Place of Business

4348 Southpoint Blvd.

3. Mailing Address

4348 Southpoint Blvd.

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3103475

Applied For

Not Applicable

Zip

32216

Country

Duval

Zip

32216

Country

Duval

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

HANNA, NANCY L.

6601 SOUTHPOINT DRIVE N

SUITE 300

JACKSONVILLE FL 32216

Name

Nancy L. Hanna

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

4348 Southpoint Blvd.

Suite 230

City

Jacksonville

FL

32216

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	D	<input type="checkbox"/> Delete
NAME	GREEN, EDWARD L.	
STREET ADDRESS	4925 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MANGAN, PAMELA K.	
STREET ADDRESS	2650 FLYNN RD W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MANGAN, PAMELA K	
STREET ADDRESS	9030 BLALOCK CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANNA, NANCY L	
STREET ADDRESS	6601 SOUTHPOINT DR N #300	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4348 Southpoint Blvd., Suite 230	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4348 Southpoint Blvd., Suite 230	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (10/00)