

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90006 018 \*\*\*\*61.25

**DOCUMENT # 819203**

1. Entity Name  
**AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, I**

Principal Place of Business 1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984	Mailing Address 1 ST. JUDE PLACE BLDG. BOX 3704 MEMPHIS TN 38136-6984
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00104000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1044585**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HAJAR, PAUL K</b> <b>49 WALPOLE STREET</b> <b>NORWOOD MA 02062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>SHAKER, JOSEPH G</b> <b>1100 LAKE STREET</b> <b>OAK PARK IL 60301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>OTHMAN, TALAT M</b> <b>750 LAKE COOK ROAD</b> <b>BUFFALO GROVE IL 60089</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMAS, ROSE MARIE</b> <b>1187 HILLCREST ROAD</b> <b>BEVERLY HILLS CA 90210</b>	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chief Operating Officer</b> <b>David L. McKee</b> <b>501 St. Jude Place</b> <b>Memphis, TN 38105</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID L. MCKEE** David L. McKee 7/25/00 901/522-9733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**St. Jude Children's  
Research Hospital**

ALSAC • Danny Thomas, Founder

DOC# 819203  
BC104089

July 25, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: American Lebanese Syrian Associated Charities, Inc.

To Whom It May Concern:

Enclosed is our properly executed 2000 Nonprofit Corporation Annual Report along with our check in the amount of \$61.25 representing the filing fee.

If you have any questions or concerns please feel free to contact me at 901/524-0357.

Regards,

India Fowler  
Administrative Assistant

Enclosures

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES

NATIONAL EXECUTIVE OFFICE • 501 ST. JUDE PLACE • MEMPHIS, TN 38105-1942  
PHONES: (901) 522-9733 • (800) 877-5833 • FAX: (901) 523-6600  
<http://www.stjude.org>