

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90195 009 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

**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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2. Principal Place of Business <b>501 St. Jude Place</b>	3. Mailing Address <b>Same as #2</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Memphis, TN</b>	City & State	4. FEI Number <b>35-1044585</b>	Applied For Not Applicable
Zip <b>38105</b>	Country <b>Shelby</b>	Zip	Country

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Joseph G. Shaker</b> <b>1100 Lake St.</b> <b>Oak Park, IL 60301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Joseph G. Shaker</b> <b>1100 Lake St.</b> <b>Oak Park, IL 60301</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman</b> <b>Talat M. Othman</b> <b>3432 Monitor Lane</b> <b>Long Grove, IL 60047</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>George A. Simon</b> <b>20580 Hoover Rd.</b> <b>Detroit, MI 48205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Fred R. Harris</b> <b>1000 Kansas St.</b> <b>Memphis, TN 38106</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Randy Nichols</b> <b>501 St. Jude Place</b> <b>Memphis, TN 38105</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: **Randy Nichols** RECEIVED **3/9/01 (901) 578-2190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)