

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2000 08:00 AM
Secretary of State

DOCUMENT # G56176

1. Entity Name
 ALANDCO/CASCADE, INC.

Principal Place of Business ATTN: D P COYLE 700 UNIVERSE BLVD JUNO BEACH FL 33408	Mailing Address 700 UNIVERSE BLVD. ATTN: COYLE, DENNIS, P JUNO BEACH FL 33408 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-2339943

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEON J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174 US

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 _____ DATE **03/15/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete	
NAME	KELLEHER LAWRENCE J		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	VAS	<input type="checkbox"/> Delete	
NAME	COLLINS STEPHEN M		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	T	<input type="checkbox"/> Delete	
NAME	SAMIL, D.L.		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	DS	<input type="checkbox"/> Delete	
NAME	COYLE, DENNIS P		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEHER LAWRENCE J		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	VAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS STEPHEN M		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGRATH ROBERT LT		
STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
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: DENNIS P. COYLE DATE: 03/15/2000