

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13984

1. Entity Name

ASLAN HOUSE, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90074 042 ****61.25

Principal Place of Business

225 E. DUVAL ST.
 JACKSONVILLE FL 32201
 US

Mailing Address

P.O. BOX 52116
 JACKSONVILLE FL 32201-2116
 US



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

59-2662845

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

HINSON, PAULA ANNE
1626 GERALDINE DRIVE
JACKSONVILLE FL 32205

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)

1/12/2000
 DATE

FILE NOW:
FEE IS \$61.25

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 Delete
 NAME **PD DAY, JOANNE REED**
 STREET ADDRESS **7077 BONNEVAL ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T JOHNSON, GREGORY**
 STREET ADDRESS **7077 BONNEVAL ROAD, #202**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD ALTERMAN, LEONARD**
 STREET ADDRESS **9116 CYPRESS GREEN DR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DAVIS, MARLENE**
 STREET ADDRESS **1544 CHELSEA AVE.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HINSON, PAULA**
 STREET ADDRESS **1626 GERALDINE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Anne Hinson
 DATE *1/12/2000*
 DAYTIME PHONE #

CR2E037 (9/99)