

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **N29067**
1. Entity Name
ALICE ASH ASSOCIATES, INC.

00 DEC 15 PM 3:37

Principal Place of Business Mailing Address
**3791 SWEEPSTAKES CT. - 2001
PALM HARBOR, FL 34684**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
3791 SWEEPSTAKES CT 3791 SWEEPSTAKES CT
Suite, Apt. #, etc. Suite, Apt. #, etc.
2001 # 2001

900003502919--9
-12/18/00--01002--001
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

City & State City & State
PALM HARBOR, FL PALM HARBOR, FL
Zip Country Zip Country
34684 U.S.A. 34684 U.S.A.

4. EEL Number Applied For
38-2873451 Not Applicable

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

6. Name and Address of Current Registered Agent
**MILDRED L. MATHEWS
3791 SWEEPSTAKES CT.
PALM HARBOR, FL 34684**

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 *Mildred L. Mathews* DATE **12-15-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MILDRED L. MATHEWS 3791 SWEEPSTAKES CT. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete M MARY WHITE WILSON 10265 F.A. ASHWAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MAURICE FOSTER 18203 OAK DRIVE DETROIT, MI 48221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D NADA HARRISON 1403 E. PARIS TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D JESSICA KYLES 381 N. LABUANAM #3 RICHMOND, VA 23223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D NAOMI L. MATHEWS 10263 GANDY BLVD., N #3309 ST. PETERSBURG, FL 33702

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRETOR SHELBY DEAT 10738 WHITE HILL DETROIT, MI 48224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRETOR TRACY E. MATHEWS 10265 F.A. ASHWAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRETOR MICHAEL POLITE 6667 N. TIMBERLAND PITTSBURGH, PA 15217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRETOR DARNETTA LEE #2 1301 OGDEN #2 DENVER, CO 80218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRETOR PATRICIA CHARLES 201 W. 139TH #3D NEW YORK, NY 10030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRETOR MARY FRANKLIN 1785 N. PALM DALE CT. FORT MYERS, FL 33916 SP

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: *Mildred L. Mathews* DATE: **12-15-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)