

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281408

1. Entity Name

L.G. MCALLISTER AND ASSOCIATES, INC.

Principal Place of Business

209 TRADEWINDS DR
INDIAN HARBOUR BEACH FL 32937
US

Mailing Address

P O BOX 372101
SATELLITE BEACH FL 32937
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1038444

Applied For
Not Applicable

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

MCALLISTER, LORRAINE G
2914 S VASSAR ST
MELBOURNE FL 32901

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME JUSTICE, JANICE ☐ Delete
STREET ADDRESS 2990 ARIZONA STREET
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
NAME MCALLISTER, WM. A. ☐ Delete
STREET ADDRESS 485 DEACON AVENUE NE
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NAME MCALLISTER, LORRAINE ☐ Delete
STREET ADDRESS 2914 S. VASSAR ST.
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
NAME NETZLEY, SHARON ☐ Delete
STREET ADDRESS 209 TRADEWINDS DRIVE
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
NAME NETZLEY, TIMOTHY J. ☐ Delete
STREET ADDRESS 209 TRADEWINDS DRIVE
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

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

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:

Sharon Netzley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Netzley

4-7-01

321-777-4083

Date

Daytime Phone #

0082024

CR2E034 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90016 045 ***150.00



DO NOT WRITE IN THIS SPACE