

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649637

1. Entity Name

BRISTLECONE CORPORATION

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90066 015 \*\*\*150.00

Principal Place of Business

10738 160 ST  
MC ALPIN FL 32062-9021

Mailing Address

10738 - 160 ST  
MC ALPIN FL 30540-0028  
US

2. Principal Place of Business

615 Crescent Executive Court

Suite, Apt. #, etc.

Suite 200

City & State

Lake Mary

Zip

3132746

Country

SEMINOLE

3. Mailing Address

615 Crescent Executive Court

Suite, Apt. #, etc.

Suite 200

City & State

Lake Mary, FL

Zip

32746

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2138412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DILALLO, JANET D  
10738 - 160 ST  
MCALPIN FL 32062

7. Name and Address of New Registered Agent

Name

ARTHUR N. DI LALLO

Street Address (P.O. Box Number is Not Acceptable)

615 Crescent Executive Court

Suite 200

City

Lake Mary

FL

Zip Code

32746

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

*Arthur N. Di Lallo*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-2000

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 ☒ **DIRECTOR** ☐ Delete  
NAME **DILALLO, JANET DIANE**  
STREET ADDRESS **10738 - 160 ST**  
CITY-ST-ZIP **351 OAK LEAF CIRCLE**  
**MCALPIN FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **DIRECTOR** ☐ Change ☐ Addition  
NAME **DILALLO, JANET DIANE**  
STREET ADDRESS **351 OAK LEAF CIRCLE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☒ Addition  
NAME **CEO**  
STREET ADDRESS **ARTHUR N. DI LALLO**  
CITY-ST-ZIP **351 OAK LEAF CIRCLE**  
**LAKE MARY, FL 32746**

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

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

TITLE ☐ Change ☐ Addition  
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 my address, with all other like empowered.

SIGNATURE:

*Arthur N. Di Lallo*  
OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

CR2E034 (9/99)