

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90067 012 ****70.00

0010952

DOCUMENT # 712846

1. Entity Name

ALCO HALF WAY HOUSE, INC.

Principal Place of Business

Mailing Address

1120 HUBBARD STREET
 JACKSONVILLE FL 32206

1120 HUBBARD STREET
 JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6203034

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

LOTHSCHUTZ, PAUL
3339 ALDRIDGE MALL ROAD
JACKSONVILLE FL 32250

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	PD LOTHSCHUTZ, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	3339 ALDRIDGE MALL RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	VD LLOYD, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	223 FLORIDA BLVD #4	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266-4973	
TITLE NAME	D JACKSON, JAME P JR	<input type="checkbox"/> Delete
STREET ADDRESS	10230 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE NAME	SD OHARA, VINCENT	<input type="checkbox"/> Delete
STREET ADDRESS	1120 HUBBARD ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	TD BROOKS III, THOMAS W.	<input type="checkbox"/> Delete
STREET ADDRESS	1301 GULF LIFE DRIVE, #204	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD MARK S. BARNETT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1572 Glendale St	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Paul L. Lotzschutz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/01 (904)355-1334
 Date Daytime Phone #

CR2E037 (10/00)

920180



DO NOT WRITE IN THIS SPACE