

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727988

1. Entity Name

ALANO HOUSE, INC. OF FT. WALTON BEACH

Principal Place of Business

52 N BEAL PKWY  
POB 4243  
FT WALTON BCH FL 32549

Mailing Address

52 N BEAL PKWY  
POB 4243  
FT WALTON BCH FL 32549

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2839950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEN, VERN  
100 MARKELLA ROAD  
FT. WALTON BEACH FL 32548

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

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 PD ☐ Delete  
NAME KELLEN, VERN  
STREET ADDRESS P.O. BOX 5556 NA  
CITY-ST-ZIP FT WALTON BCH. FL

TITLE VD ☐ Delete  
NAME DAVIS, WADELL  
STREET ADDRESS #2 ASTOR MHP  
CITY-ST-ZIP SHALIMAR FL

TITLE S ☐ Delete  
NAME MOORHEAD, JAMES  
STREET ADDRESS 211A 3RD ST  
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE T ☐ Delete  
NAME CHURCH, MICKAEL  
STREET ADDRESS 231 NE HOLLYWOOD BLVD  
CITY-ST-ZIP FT WALTON BEACH FL

TITLE D ☐ Delete  
NAME MASS, JAMES  
STREET ADDRESS 411 ADAM ST NW  
CITY-ST-ZIP FT WALTON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01 851-243-4590

CR2E037 (10/00)

0018766

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**  
01-16-2001 90066 009 \*\*\*\*61.25

00000000



DO NOT WRITE IN THIS SPACE