

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 764078**

1. Entity Name

**NORTH SIDE ALLAN LANE, INC.**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90007 010 \*\*\*\*61.25

Principal Place of Business P O BOX 510054 PO BOX 54 MELBOURNE BEACH FL 32951-054 US	Mailing Address 180 ALLAN LANE PO BOX 54 MELBOURNE BEACH FL 32951-3010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2221563</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LINDE, AUDREY**  
**180 ALLAN LANE**  
**MELBOURNE BEACH FL 32951**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>LINDE, AUDREY</b>
STREET ADDRESS	<b>180 ALLAN LN</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WALTERS, WILHELMINA</b>
STREET ADDRESS	<b>320 ALLAN LN</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WINDZIGL, DOLORES</b>
STREET ADDRESS	<b>250 ALLAN LANE</b>
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>LEWIS, EMILY</b>
STREET ADDRESS	<b>230 ALLAN LN</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RAMIREZ, PETER</b>
STREET ADDRESS	<b>300 ALLAN LANE</b>
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHANEY, FRED</b>
STREET ADDRESS	<b>200 ALLAN LANE</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Audrey Linde **AUDREY LINDE** **4-25-00 (321) 727-7236**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)