

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000814

1. Entity Name

ALAN HANSON MEMORIAL FOUNDATION FINE ARTS AND LIGHT LEARNING, INC.

**FILED**  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90133 029 \*\*\*\*61.25

Principal Place of Business

405 N CLYDE MORRIS BLVD  
DAYTONA BEACH FL 32114

Mailing Address

405 N CLYDE MORRIS BLVD  
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

17 MELROSE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL

Zip

Country

Zip

Country

32174

USA

4. FEI Number

59-370076

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANSON, BEVERLY  
405 N CLYDE MORRIS BLVD  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name BEVERLY HANSON  
Street Address (P.O. Box Number is Not Acceptable)  
17 MELROSE AVE

City ORMOND BEACH

FL

Zip Code 32174

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 if not 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 D ☐ Delete  
NAME HANSON, BEVERLY  
STREET ADDRESS 405 N CLYDE MORRIS BLVD  
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Delete  
NAME EVANS, JOHN E  
STREET ADDRESS 1041 DUNLAWTON AVE, STE 250  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ Delete  
NAME HANSEN, MARY  
STREET ADDRESS 420 S NOVA RD  
CITY-ST-ZIP DAYTONA BEACH FL 32114-4514

TITLE D ☐ Delete  
NAME TYLER, BEVERLY  
STREET ADDRESS 1720 PEACHTREE ST NW  
CITY-ST-ZIP ATLANTA GA 30309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 17 MELROSE AVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32174

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 #

1/29/02 (386) 677-9166

CR2E037 (9/01)