

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13984

1. Entity Name

ASLAN HOUSE, INC.

Principal Place of Business

225 E. DUVAL ST.
JACKSONVILLE FL 32201
US

Mailing Address

P.O. BOX 52116
JACKSONVILLE FL 32201-2116
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HINSON, PAULA ANNE
1626 GERALDINE DRIVE
JACKSONVILLE FL 32205

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
NAME DAY, JOANNE REED
STREET ADDRESS 7077 BONNEVAL ROAD
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE T
NAME JOHNSON, GREGORY
STREET ADDRESS 7077 BONNEVAL ROAD, #202
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE SD
NAME ALTERMAN, LEONARD
STREET ADDRESS 9116 CYPRESS GREEN DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME DAVIS, MARLENE
STREET ADDRESS 1544 CHELSEA AVE.
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE D
NAME HINSON, PAULA
STREET ADDRESS 1626 GERALDINE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90074 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)