

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28203

1. Entity Name

AL-ANON INFORMATION SERVICE OF CENTRAL FLORIDA.

Principal Place of Business

314 1/2 SO BUMBAY AVE
ORLANDO FL 32803
US

Mailing Address

314 1/2 SO BUMBAY AVE
ORLANDO FL 32803-6274
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3144094

Applied For

Not Applicable

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

GUNDLACH, RALPH H
8307 TUCKAHOE CT
ORLANDO FL 32829

Name Laven Amone

Street Address (P.O. Box Number is Not Acceptable)

6658 Rivo Alto Ave

City Dr.

FL

Zip Code 32809

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 Laven Amone Laven Amone treasurer

4-5-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☒ Delete
NAME GUNDLACH, RALPH H
STREET ADDRESS 8307 TUCKAHOE CT.
CITY-ST-ZIP ORLANDO FL

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

CD ☐ Delete
NAME RILEY, GERALDINE
STREET ADDRESS 369 BAYWEST NEIGHBOR CR.
CITY-ST-ZIP ORLANDO FL

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

TD ☐ Delete
NAME AMONE, LAVEN
STREET ADDRESS 6658 RIVO ALTO
CITY-ST-ZIP ORLANDO FL

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

MD ☐ Delete
NAME MEYERS, MARTHA
STREET ADDRESS 4914 SAMOA CIRCLE
CITY-ST-ZIP ORLANDO FL

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

TR ☒ Delete
NAME GUNDLACH, RALPH H
STREET ADDRESS 8307 TUCKAHOE CT
CITY-ST-ZIP ORLANDO FL

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: Laven Amone Laven Amone

4-5-00

407-251-1596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE