

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28203

1. Entity Name

AL-ANON INFORMATION SERVICE OF CENTRAL FLORIDA,

Principal Place of Business

314 1/2 SO BUMBY AVE
ORLANDO FL 32803
US

Mailing Address

314 1/2 SO BUMBY AVE
ORLANDO FL 32803
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

AMONE, LAVEN
6658 RIVO ALTO AVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

DARLA SANE

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

1408 GRANDVIEW BLVD

City

Kissimmee

FL

Zip Code

34744

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

Darla Sane

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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

☒ Delete

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

☒ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD
NAME GRACE E. Rispoli
STREET ADDRESS 5136 Stratemeyer Dr
CITY-ST-ZIP Orlando fl 32839

☒ Change

☒ Addition

TITLE MD
NAME Carolyn Burton
STREET ADDRESS 333 Maderia Ave
CITY-ST-ZIP Orlando fl 32825

☒ Change

☐ Addition

TITLE TD
NAME Darla Sane
STREET ADDRESS 1408 Grandview Blvd
CITY-ST-ZIP Kissimmee fl 34744

☒ Change

☐ Addition

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

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:

Grace E. Rispoli Grace E. Rispoli 4/26/01 407 859-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90166 012 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)