

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001416

1. Entity Name

THE ALLENDALE ASSOCIATION, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 028 ****70.00

Principal Place of Business

1046 40TH AVENUE NORTH
ST. PETERSBURG FL 33703

Mailing Address

1046 40TH AVENUE NORTH
ST. PETERSBURG FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3504536

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEVENS, RALPH E JR
1046 40TH AVENUE NORTH
ST. PETERSBURG FL 33703

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
After September 13, 2000 min. will be \$236.25

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STEVENS, RALPH E JR. | |
| STREET ADDRESS | 1046 40TH AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MAGEE, MARCIA | |
| STREET ADDRESS | 1401 43RD AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | KING, MARY LEE | |
| STREET ADDRESS | 1401 42ND AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | THOMPSON, STEPHEN | |
| STREET ADDRESS | 4538 15TH ST. N | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WELLS, LISA | |
| STREET ADDRESS | 1311 MONTICELLO BLVD. N | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILSEY, GEORGE | |
| STREET ADDRESS | 3950 11TH AVE. N | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33703 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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, name or other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/18/2000

(727) 573-3900

CF2E037 (5/00)