

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0061147

DOCUMENT # N97000001416

1. Entity Name

THE ALLENDALE ASSOCIATION, INC.

03-19-2001 90471 013 ****70.00

Principal Place of Business

Mailing Address

**1046 40TH AVENUE NORTH
 ST. PETERSBURG FL 33703**

**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



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, with or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01 (727) 573-3900
Date Daytime Phone #

CR2E037 (10/00)