

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001416

1. Entity Name

THE ALLENDALE ASSOCIATION, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-3504536

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

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

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  
NAME STEVENS, RALPH E JR.  
STREET ADDRESS 1046 40TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE VP  
NAME MAGEE, MARCIA  
STREET ADDRESS 1401 43RD AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE ST  
NAME KING, MARY LEE  
STREET ADDRESS 1401 42ND AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE D  
NAME THOMPSON, STEPHEN  
STREET ADDRESS 4538 15TH ST. N  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE D  
NAME WELLS, LISA  
STREET ADDRESS 1311 MONTICELLO BLVD. N  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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

TITLE D  
NAME WILSEY, GEORGE  
STREET ADDRESS 3950 11TH AVE. N  
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

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 authority to be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90176 019 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)