

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90025 012 ****70.00

DOCUMENT # N97000005260

1. Entity Name

OLDE ALLANTON FOUNDATION, INC.

Principal Place of Business

Mailing Address

**14028 ALLANTON RD
ALLANTON FL 32404
US**

**14028 ALLANTON RD
ALLANTON FL 32404-2855
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

59-3480415

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

**MONACHELLI, FRANK
14028 ALLANTON RD
ALLANTON FL 32404**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MONACHELLI, FRANK	
STREET ADDRESS	14028 ALLANTON RD	
CITY-ST-ZIP	ALLANTON FL 32404	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONACHELLI, PESTA	
STREET ADDRESS	14028 ALLANTON ROAD	
CITY-ST-ZIP	ALLANTON FL 32404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, STEVE	
STREET ADDRESS	101 STONES THROW RD	
CITY-ST-ZIP	CHAPEL HILL NC 27516	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONACHELLI, TROYDYN	
STREET ADDRESS	2900 GALLEGHY DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONACHELLI, LOUIS SR	
STREET ADDRESS	14028 ALLANTON RD	
CITY-ST-ZIP	ALLANTON FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary / Treasurer, Director	<input type="checkbox"/> Change
NAME	Monachelli, Frank	
STREET ADDRESS	14028 Allanton Road	
CITY-ST-ZIP	Panama City FL 32404	
TITLE	Director	<input checked="" type="checkbox"/> Change
NAME	Monachelli, Pesta	
STREET ADDRESS	14028 Allanton Road	
CITY-ST-ZIP	Panama City FL 32404	
TITLE	Director	<input checked="" type="checkbox"/> Change
NAME	Smith Steve	
STREET ADDRESS	101 Stones Throw Road	
CITY-ST-ZIP	Chapel Hill NC 27516	
TITLE	Director	<input type="checkbox"/> Change
NAME	Pearson, Ted	
STREET ADDRESS	1245 50th Street South	
CITY-ST-ZIP	Birmingham, AL 35222	
TITLE	President, Director	<input checked="" type="checkbox"/> Change
NAME	Monachelli, Louis SR.	
STREET ADDRESS	14028 Allanton Road	
CITY-ST-ZIP	Panama City FL 32404	
TITLE	Vice President, Director	<input checked="" type="checkbox"/> Change
NAME	Monachelli, Marie	
STREET ADDRESS	14028 Allanton Road	
CITY-ST-ZIP	Panama City, FL 32404	

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:

SIGNATURE REQUIRED
MONACHELLI, FRANK

Date

Daytime Phone #

12/5/00 850-871-1898