

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064426

1. Entity Name

AL-DAN MANAGEMENT, CO., INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90288 009 ***150.00

Principal Place of Business

Mailing Address

504 JENNIFER LANE
WINDERMER FL 34786
US

P O BOX 1698
WINDERMER FL 34786-1698
US

2. Principal Place of Business

5142 Pine Top Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number 59-3198058

Applied For
Not Applicable

Zip Country
32819 USA

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

JOHNSON, THOMAS E
740 FLORIDA CENTRAL PKWY
STE 208
LONGWOOD FL 32750

Name

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

Suite 2008

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-26-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME CAVALLLO, DANIEL J
STREET ADDRESS 504 JENNIFER LANE
CITY-ST-ZIP WINDERMER FL 34786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5142 Pine Top Place
CITY-ST-ZIP Orlando, FL 32819

TITLE ST ☐ Delete
NAME CAVALLLO, ALICE P
STREET ADDRESS 504 JENNIFER LANE
CITY-ST-ZIP WINDERMER FL 34786

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5142 Pine Top Place
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alice P. Cavallo Alice P. Cavallo 5/2/00 407-876-3033

CR2E034 (9/99)