2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P94000054591** 1. Entity Name ASLAN ASSOCIATION, INC. 03-23-2000 90034 006 ***150.00 Principal Place of Business Mailing Address 7205 NW 47TH CT 7205 NW 47TH CYT GAINESVILLE FL 32606 GAINESVILLE FL 32606-3933 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3262512 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name --WEBER, MARY L Street Address (P.O. Box Number is Not Acceptable) 7205 NW 47TH CT GAINESVILLE FL 32606 City Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME WEBER, MARY LOUISE NAME STREET ADDRESS STREET ADDRESS 7205 NW 47TH CT CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

May Locase Curely SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/21/00

352 373 636

Daytıme Phone #

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☐ Addition