

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058003

1. Entity Name

ALISON ASSOCIATES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90214 014 ***150.00

Principal Place of Business

Mailing Address

1111 SOUTH FEDERAL HWY., S-330
STUART FL 34994

1111 SOUTH FEDERAL HWY., S-330
STUART FL 34994-3839

2. Principal Place of Business

759 South Federal Highway

3. Mailing Address

759 South Federal Highway

Suite, Apt. #, etc.

Suite 314

Suite, Apt. #, etc.

Suite 314

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

Zip

34994

Country

4. FEI Number

59-3258421

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

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

TITLE **D** ☒ Delete
NAME **COVEY, JAMES P**
STREET ADDRESS **759 SOUTH FEDERAL HIGHWAY STE. 314**
CITY-ST-ZIP **STUART FL**

TITLE **D** ☒ Delete
NAME **STEELE, RUSSELL B JR**
STREET ADDRESS **3531 SW CORPORATE PKWY**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☒ Delete
NAME **BENNETT, CHRISTOPHER**
STREET ADDRESS **3531 SW CORPORATE PKWY**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Director** ☐ Change ☒ Addition
NAME **Wayne Mickiewicz**
STREET ADDRESS **3900 Kinross Lakes Parkway**
CITY-ST-ZIP **Richfield, Ohio 44286**

TITLE **Director** ☐ Change ☒ Addition
NAME **Nils A. Johansson**
STREET ADDRESS **5215 Old Orchard Road**
CITY-ST-ZIP **Skokie, Illinois 60077**

TITLE **Secretary & Director** ☐ Change ☒ Addition
NAME **Todd Buchardt**
STREET ADDRESS **5215 Old Orchard Road**
CITY-ST-ZIP **Skokie, Illinois 60077**

TITLE **Asst. Secretary & Asst. Treas** ☐ Change ☒ Addition
NAME **Edmund J. Caulfield**
STREET ADDRESS **5215 Old Orchard Road**
CITY-ST-ZIP **Skokie, Illinois 60077**

TITLE ☐ Change ☐ Addition
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:

E. J. CAULFIELD E. J. CAULFIELD

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)