

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000032600****1. Entity Name**
ARLYDON MANAGEMENT, INC.**Principal Place of Business****PO BOX 3550**
BELLVIEW FL 34421
US**Mailing Address****PO BOX 3550**
BELLVIEW FL 34421
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**FUTCH, R. WILLIAM ESQ**
500 NE 8TH AVE
OCALA FL 34470**4. FEI Number** **59-3310573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required**7. Name and Address of New Registered Agent**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHAUER, DONALD	NAME	
STREET ADDRESS	6980 SE 107TH ST	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHAUER, ARLEAN	NAME	
STREET ADDRESS	6990 SE 107TH ST	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, GAYLE	NAME	
STREET ADDRESS	2610 SE 67TH ST	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, STEVEN	NAME	
STREET ADDRESS	2610 SE 67TH ST	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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:** Gayle Carroll Boyle Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01-04-01 3526208028
Date Daytime Phone #