

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018145

1. Entity Name

ALISAND, INC.

FILED

01 FEB -9 PH 3:58

Principal Place of Business

330 DEVON PLACE  
HEATHROW FL 32746

Mailing Address

POST OFFICE BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

62 SOUTH STATE STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

CONCORD, NH

City & State

Zip

03301

USA

Country

4. FEI Number

59-3570947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO FL 32801

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP  
NAME DAWSON, BARBARA A  
STREET ADDRESS 330 DEVON PLACE  
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

TITLE V  
NAME SARTOR, KELLY A  
STREET ADDRESS 320 BLACK OAK COURT, APT. 108  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME DAWSON, BARBARA A. ☒ Change ☐ Addition  
STREET ADDRESS 62 SOUTH STATE STREET  
CITY-ST-ZIP CONCORD, NH 03301

TITLE V  
NAME SARTOR, KELLY A. ☒ Change ☐ Addition  
STREET ADDRESS 62 SOUTH STATE STREET  
CITY-ST-ZIP CONCORD, NH 03301

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

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

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

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

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:

Barbara A. Dawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BARBARA A. DAWSON, PRES.

1/25/01 603-228-8363

Date

Daytime Phone #

CR2E034 (10/00)