

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000359**

1. Entity Name  
**ALEXANDER SECURITIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**10910 JUNIPERUS PLACE  
TAMPA FL 33618**

Mailing Address  
**10910 JUNIPERUS PLACE  
TAMPA FL 33618-3818**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3432120**

Applied For  
Not Applicable

Zip Country

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

**ALEXANDER, WILLIAM O  
10910 JUNIPERUS PLACE  
TAMPA FL 33618**

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. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **ALEXANDER, WILLIAM O**  
STREET ADDRESS **10910 JUNIPERUS PLACE**  
CITY - ST - ZIP **TAMPA FL 33618**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME **ALEXANDER, YVONNE**  
STREET ADDRESS **10910 JUNIPERUS PLACE**  
CITY - ST - ZIP **TAMPA FL 33618**

STREET ADDRESS  
CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5/11/00 813-264-0844**  
Date Daytime Phone #

CR2:33 (0/6)