

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90017 017 ****61.25

DOCUMENT # N94000004206

1. Entity Name

ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, IN

Principal Place of Business

Mailing Address

3665 E BAY DR
 STE 204-169
 LARGO FL 33771

3665 E BAY DR
 STE 204-169
 LARGO FL 33771-1990
 US

2. Principal Place of Business

3. Mailing Address

600 Blue Lk Dr.

600 Blue Lk Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Longwood

Longwood

City & State

City & State

FL

FL

Zip

Country

Zip

Country

32779

32779

4. FEI Number

65-0532241

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

HEERING, RICHARD D.
 625 LOIS LANE
 BELLEAIR BLUFFS FL 33770

Name

Cremeans, Margaret

Street Address (P.O. Box Number is Not Acceptable)

600 Blue Lk. Dr.

City

Longwood FL

FL

Zip Code

32779

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

Margaret P. Cremeans

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	REGASPI, GIL	
STREET ADDRESS	816 N SUMMERLIN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMP, NANCY	
STREET ADDRESS	263 RILEY LAKE DR	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEERING, EVELYNE E.	
STREET ADDRESS	625 LOIS LANE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDSEY, SANDY	
STREET ADDRESS	13465 SW 108TH ST CIR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBAND, DORIS	
STREET ADDRESS	3062 WOOLRIDGE AVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CREMEANS, MAGARET	
STREET ADDRESS	600 BLUE LAKE DR	
CITY-ST-ZIP	LONGWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Love, Steve</i>	
STREET ADDRESS	<i>263 Riley Lk. Dr.</i>	
CITY-ST-ZIP	<i>Hawthorne, FL</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret P. Cremeans, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2000 (407) 774-2548

Date Daytime Phone #

CR2E037 (9/99)