

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007624

DOCUMENT # **N95000000483**

1. Entity Name
ALPHA ONE FOUNDATION, INC.



REINSTATEMENT 03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 22 PM 12:01

Principal Place of Business
**2937 S.W. 27 AVE
STE. 302
MIAMI FL 33133
US**

Mailing Address
**2937 S.W. 27 AVE
STE. 302
MIAMI FL 33133
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0585415** Applied For
Not Applicable

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

**WALSH, JOHN W
2937 S.W. 27TH AVE
STE. 302
MIAMI FL 33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WALSH, JOHN W	
STREET ADDRESS	2937 S.W. 27TH AVE, STE. 302	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRASER, KAREN L	
STREET ADDRESS	2682 PALMER PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	COGAN, STEW ESQ	
STREET ADDRESS	1301 5TH AVE STE 2600	
CITY-ST-ZIP	SEATTLE WA 98101-2618	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, SARAH E ESQ	
STREET ADDRESS	101 GEDNEY ST. APT. 40	
CITY-ST-ZIP	NYACK NY 10960	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHUCK, EDWARD A	
STREET ADDRESS	395 LAKE ST WEST	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VALENTI, CATHERINE A	
STREET ADDRESS	2278 NO. ASTAIRE WAY	
CITY-ST-ZIP	MERIDIAN ID 83642	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300023515803	
CITY-ST-ZIP	10/02/03--01064--027 **236.25	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne E. Withers, Jr.	
STREET ADDRESS	10940 Nw 29th St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	24 Holly Road	
CITY-ST-ZIP	Waban, MA 02460	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Hules	
STREET ADDRESS	1715 1/2 Pulaski Road	
CITY-ST-ZIP	Buffalo, MN 55313	

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: John W. Walsh 9/18/03 (305) 567-9999

CR2E037 (4/03)



2937 SW 27th Avenue
Suite 302
Miami, Florida 33133
Toll Free: (888) 825-7421
Tel: (305) 567-9888
Fax: (305) 567-1317
www.alphaone.org

Board of Directors

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Wayzata, MN
Stew Cogan, Esq.
Vice Chair
Seattle, WA
Sarah E. Everett, Esq. *
Waban, MA
Gordon L. Snider, M.D.
Boston, MA
Wayne E. (Chip) Withers, Jr.
Secretary/Treasurer
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Buffalo, MN
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Kingsport, TN
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Cleveland, OH
Barbara A. Weintraub
Miami, FL

President and CEO

John W. Walsh *
Co-Founder

**Clinical Director and
Executive Vice President**

Robert A. Sandhaus,
M.D., Ph.D.

Scientific Director

Bruce Trapnell, M.D.

* Diagnosed alpha1-
antitrypsin deficient
+ Diagnosed family member

September 18, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Alpha One Foundation, Inc. UBR 2003 Filing

Ladies and Gentlemen:

Enclosed please find completed Uniform Business Report, plus filing fee and late fee of \$236.25.

Questions may be directed to the writer at the following phone number: 305-567-9888 ext. 249.

Thank you for your kind assistance in this matter.

Sincerely,

Patrick M. Lunn,
Accountant

enclosures