

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90182 024 ****61.25

DOCUMENT # N99000007227

1. Entity Name

THE ALPHA COMMUNITY FOUNDATION, INC.

Principal Place of Business

100 S ASHLEY DRIVE #1770
 TAMPA FL 33602

Mailing Address

100 S ASHLEY DRIVE #1770
 TAMPA FL 33602

C0066127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 N. Tampa Street

3. Mailing Address

100 N. Tampa Street

Suite, Apt. #, etc.

Suite 3900

Suite, Apt. #, etc.

Suite 3900

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3640210

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ
 100 S ASHLEY DRIVE #1770
 TAMPA FL 33602

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 _____

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SYKES, JOHN H 901 S NEWPORT AVE TAMPA FL 33606 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST SYKES, SUSAN 901 S NEWPORT AVE TAMPA FL 33606 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAYLOR, KAREN 12549 BUTLER BAY COURT WINDERMERE FL 34786 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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CR2E037 (10/00)

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: Signature Required 30 April 2001 (813) 233-7300