

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000058810

1. Entity Name  
Alligator Reef, Inc.

FILED

00 JUN 15 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
7500 NW 41st St  
Miami, FL 33166

Mailing Address  
7500 NW 41st St  
Miami, FL 33166

2. Principal Place of Business  
265 Cranwood Dr  
Suite, Apt. #, etc.

3. Mailing Address  
265 Cranwood Dr  
Suite, Apt. #, etc.

City & State  
Key Biscayne FL

City & State  
Key Biscayne FL

Zip  
33149

Country  
USA

Zip  
33149

Country  
USA

4. FEI Number  
65-0768351

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  
Harold L. Lewis, Esq.  
2 S. Biscayne Blvd, #3660  
Miami, FL 33131

7. Name and Address of New Registered Agent  
Name  
Harold L. Lewis, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2 S. Biscayne Blvd, #2400  
City  
Miami FL Zip Code  
33131

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] (NOTE: Registered Agent signature required when reinstating) DATE 6/14/2000

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, 2000 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

VP + D <u>Dwight Haight</u> STREET ADDRESS <u>7500 NW 41st St</u> ST- ZIP <u>Miami, FL 33166</u>	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <u>VP + D</u> NAME <u>Dwight Haight</u> STREET ADDRESS <u>4984 Secluded Pines Dr</u> CITY-ST-ZIP <u>Marietta, GA 30068</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>P + D</u> NAME <u>Steve Tellam</u> STREET ADDRESS <u>265 Cranwood Drive</u> CITY-ST-ZIP <u>Key Biscayne FL 33149</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u>900003300269--3</u> CITY-ST-ZIP <u>-06/22/00--01006--012</u> <u>*****550.00 *****550.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u>900003300269--3</u> CITY-ST-ZIP <u>-06/22/00--01006--013</u> <u>*****8.75 *****8.75</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u></u> NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> 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: Steve Tellam President 6/13/00 379-2425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwayne Phone #  
Steve Tellam, President