

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001867

1. Entity Name

ALPINE VILLAGE ROC, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90003 022 ****61.25

Principal Place of Business	Mailing Address
18 CENTER STREET LAKE PLACID FL 33852	18 CENTER STREET LAKE PLACID FL 33852-7055

00023529



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0752995	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRANK, HERBERT
 14 LAKE ST
 LAKE PLACID FL 33852

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	AMERMAN, GERALD	
STREET ADDRESS	8 PENNSYLVANIA AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DT	<input type="checkbox"/> Delete
NAME	O'DELL, MELVIN L	
STREET ADDRESS	13 BRYAN STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PASCHAL, ALICE	
STREET ADDRESS	12 CLAY ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CRANK, HERBERT	
STREET ADDRESS	14 LAKE STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CLIFFORD J	
STREET ADDRESS	2 LAKE STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MAYFIELD, E C	
STREET ADDRESS	2 PENNSYLVANIA	
CITY-ST-ZIP	LAKE PLACID FL 33852	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Johnne	
STREET ADDRESS	4 Lake St	
CITY-ST-ZIP	Lake Placid FL 33852	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13 Clay Street	
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Crabill	
STREET ADDRESS	10 Bryan St	
CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Leedy	
STREET ADDRESS	11 Bryan St	
CITY-ST-ZIP	Lake Placid FL 33852	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Reynolds	
STREET ADDRESS	15 Penn Ave	
CITY-ST-ZIP	Lake Placid FL 33852	
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: *Melvin L O'Dell* Melvin L O'Dell 2/5/00 862 465 8110

CR2E037 (9/99)