

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003412

1. Entity Name

ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90077 022 ****61.25

Principal Place of Business

Mailing Address

452 WORTH AVE.
PALM BEACH FL 33480

P. O. BOX 658
31 BROOKSIDE DR
GREENWICH CT 06836-0658
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0510147

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DE LESSEPS, TAUNI
452 WORTH AVE.
PALM BEACH FL 33480

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

TITLE PD ☐ Delete
NAME DE LESSEPS, TAUNI
STREET ADDRESS 452 WORTH AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KEEFE, ANITA DE LESSE
STREET ADDRESS AIKEN ROAD
CITY-ST-ZIP GREENWICH CT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME GILBRIDE, FRANK J II
STREET ADDRESS 31 BROOKSIDE DRIVE
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALEXANDER, LARRY B
STREET ADDRESS 505 S FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL 33402-3475

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOOKER, FLETCHER T
STREET ADDRESS 452 WORTH AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *FRANK J. Gilbride II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 203-622-9360
Date Daytime Phone #

CR2E037 (9/99)