

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90130 017 ****61.25

DOCUMENT # N94000003412

1. Entity Name

ALPHA/OMEGA CHARITABLE FOUNDATION, INC.

Principal Place of Business

**452 WORTH AVE.
 PALM BEACH FL 33480**

Mailing Address

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

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

65-0510147

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BOOKER, FLETCHER T**
 CITY-ST-ZIP **452 WORTH AVENUE
 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 2001 203-622-9360

Date

Daytime Phone #

CR2E037 (10/00)