

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115305

1. Entity Name

ALEPH DEVELOPMENT, INC.

Principal Place of Business

3301 ORANGE BLOSSOM C
PALM BEACH GARDENS FL 33410

Mailing Address

3301 ORANGE BLOSSOM C
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

1526 University Blvd. W
Suite, Apt. #, etc.
JACKSONVILLE, FL

3. Mailing Address

1526 University Blvd W
Suite, Apt. #, etc.
JACKSONVILLE, FL

City & State

City & State

JACKSONVILLE, FL

Zip

32217

Country

USA

Zip

32217

Country

USA

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name: Hayes & Lindell, P.A.
Street Address (P.O. Box Number is Not Acceptable):
620 Blackstone Building
233 East Bay Street
City: Jacksonville FL Zip Code: 32202

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

Heather Albury, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/01

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, 2001 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

TITLE: P
NAME: ALBURY, HEATHER R
STREET ADDRESS: 3301 ORANGE BLOSSOM C
CITY-ST-ZIP: PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: Albury, Heather R
STREET ADDRESS: 1663 Davidson ST
CITY-ST-ZIP: JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE: VP
NAME: FAZIO, Anthony M
STREET ADDRESS: 1663 Davidson ST
CITY-ST-ZIP: JACKSONVILLE, FL 32207 ☐ Change ☒ Addition

TITLE: SEC
NAME: Fazio, Anthony M
STREET ADDRESS: 1663 Davidson St.
CITY-ST-ZIP: Jacksonville, FL 32207 ☐ Change ☒ Addition

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

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

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

Heather Albury, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

904 732 4900



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)