

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 415957

1. Entity Name

ALFA INVESTMENT CORPORATION

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 005 ***550.00

Principal Place of Business

2108 E SOUTH BLVD BOX 11000
MONTGOMERY AL 36116-2410

Mailing Address

2108 E SOUTH BLVD BOX 11000
MONTGOMERY AL 36116-2410

2. Principal Place of Business

2108 East South Blvd

3. Mailing Address

P O Box 11189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Montgomery, AL

City & State

Montgomery, AL

4. FEI Number

63-0644262

Applied For

Not Applicable

Zip

36116

Country

USA

Zip

36111-0189

Country

USA

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

CULVERHOUSE, TOMLINSON, MILLS, DECARIO
N & ANDERSON, 655 FLORIDA NATL BANK BLDG.
JACKSONVILLE FL 32202

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	NEWBY, JERN A	
STREET ADDRESS	20405 MOORESVILLE RD.	
CITY-ST-ZIP	ATHENS AL 35613	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PROCTOR, DAVID R	
STREET ADDRESS	2108 EUST SOUTH BLVD.	
CITY-ST-ZIP	MONTGOMERY AL 36111	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCOTT, H. AL	
STREET ADDRESS	2108 EAST SOUTH BLVD.	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELLIS, C. LEE	
STREET ADDRESS	2108 E SOUTH BLVD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newby, Jerry A	
STREET ADDRESS	2108 East South Blvd	
CITY-ST-ZIP	Montgomery, AL 36116	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2108 East South Blvd	
CITY-ST-ZIP	Montgomery AL 36116	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Montgomery, AL 36116	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Montgomery, AL 36116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

David R. Proctor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/00 334-643-4498

CR2E034 (5/00)