

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585809

1. Entity Name

ALFORD INSURANCE, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90129 028 \*\*\*150.00

Principal Place of Business

Mailing Address

814 MAIN STREET  
P.O. BOX 622  
CHIPLEY FL 32428  
US

814 MAIN STREET  
P.O. BOX 622  
CHIPLEY FL 32428-0622  
US

2. Principal Place of Business

3242 E. Hwy 30-A #10  
Suite, Apt. #, etc.

3. Mailing Address

1305 CHURCH AVE.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEA GROVE BEACH, FL

City & State

CHIPLEY, FL

4. FEI Number

63-0763500

Applied For

Not Applicable

Zip

Country

32459

USA

Zip

32428

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

ALFORD, S.A. III  
1305 CHURCH AVE  
CHIPLEY FL 32428

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ALFORD, S.A. III  
STREET ADDRESS 1305 CHURCH AVENUE  
CITY-ST-ZIP CHIPLEY FL

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

TITLE ST ☐ Delete  
NAME ALFORD, BEVERLY B.  
STREET ADDRESS 1305 CHURCH AVENUE  
CITY-ST-ZIP CHIPLEY FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00

Date

850 221 2195

Daytime Phone #

CR2E034 (9/99)