

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90025 034 \*\*\*158.75

**DOCUMENT # 674055**

1. Entity Name

**ALEXANDER REAL ESTATE, INC.**

Principal Place of Business

Mailing Address

6050 W. GULF TO LAKE HWY.  
 CRYSTAL RIVER FL 34429  
 US

6050 W. GULF TO LAKE HWY.  
 CRYSTAL RIVER FL 34429-8759  
 US

000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5569 W Gulf to Lake Hwy  
 Suite, Apt. #, etc.

5569 W Gulf to Lake Hwy  
 Suite, Apt. #, etc.

City & State  
 Crystal River, FL

City & State  
 Crystal River, FL

4. FEI Number **59-2026400**

Applied For

Not Applied

Zip County  
 34429 U.S.

Zip County  
 34429 U.S.

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

**ALEXANDER, CHARLES**  
**1630 N LOMBARDO AVE.**  
**LECANTO FL 34461**

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

| TITLE | NAME                  | STREET ADDRESS       | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|----------------------|-------------|---------------------------------|
| PD    | ALEXANDER, CHARLES N. | 1630 N LOMBARDO AVE. | LECANTO FL  | <input type="checkbox"/>        |
| TS    | ALEXANDER, CHARLES N. | 1630 N LOMBARDO AVE. | LECANTO FL  | <input type="checkbox"/>        |
|       |                       |                      |             | <input type="checkbox"/>        |
|       |                       |                      |             | <input type="checkbox"/>        |
|       |                       |                      |             | <input type="checkbox"/>        |
|       |                       |                      |             | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> |
|-------|------|----------------|-------------|---------------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/> |

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: *Charles N. Alexander* / CHARLES ALEXANDER  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 12/31/99  
 Daytime Phone #: 352-795-1016