

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90051 050 ****61.25

DOCUMENT # 713069

1. Entity Name

ALPHA EPSILON BUILDING CORPORATION



Principal Place of Business

**823 W. JEFFERSON STREET
TALLAHASSEE FL 32304**

Mailing Address

**P.O. BOX 180545
TALLAHASSEE FL 32318-0545
US**

11027301



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1026429**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~**DEBRAAL, CHRISTINE
1117 CARISSA DR.
TALLAHASSEE FL 32308**~~

7. Name and Address of New Registered Agent

Name **Lori Mizell**

Street Address (P.O. Box Number is Not Acceptable)

2868 Teton Trl

City

Tallah.

FL

Zip Code **32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDCM** ☒ Delete
NAME **DEBRAAL, CHRISTINE**
STREET ADDRESS **1117 CARISSA DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **FDT** ☒ Delete
NAME **STALLARD, DONNA**
STREET ADDRESS **3558 HABERSHAM AT NORTHLAKE**
CITY-ST-ZIP **TUCKER GA 30084**

TITLE **D** ☒ Delete
NAME **LEWIS, LANA**
STREET ADDRESS **3558 HABERSHAM AT NORTHLAKE**
CITY-ST-ZIP **TUCKER GA 30084**

TITLE **SD** ☒ Delete
NAME **ADAMS, SUAN**
STREET ADDRESS **823 W. JEFFERSON**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE **DV** ☒ Delete
NAME **MIZELL, LORI**
STREET ADDRESS **2868 TETON**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **DT** ☐ Delete
NAME **BREWER, KELLEY**
STREET ADDRESS **4127 MCLEOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PA** ☒ Addition
NAME **Lori Mizell**
STREET ADDRESS **2868 Teton Trl.**
CITY-ST-ZIP **Tallah. FL 32308**

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

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

TITLE **SD** ☒ Addition
NAME **Dianne Whiddon**
STREET ADDRESS **823 W. Jefferson St.**
CITY-ST-ZIP **Tallah. FL 32304**

TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E037 (10/02)