

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739851

1. Entity Name

ALHAMBRA CLUB MANAGEMENT, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90052 031 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business<br>52 E. SOUTH STREET<br>ORLANDO FL 32801<br>US | Mailing Address<br>52 E. SOUTH STREET<br>ORLANDO FL 32801-3308<br>US |
|---|--|

|   |   |     |         |
|---|---|-----|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |     |         |
| City & State  | City & State                              |     |         |
| Zip   | Country                                   | Zip | Country |



DO NOT WRITE IN THIS SPACE

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>58-1847015</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DON ASHER & ASSOCIATES INC**  
**52 E. SOUTH STREET**  
**ORLANDO FL 32801**

|      |  |      |    |          |
|------|--|------|----|----------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|              |                           |   |                                 |  |
|--------------|---------------------------|---|---------------------------------|--|
| TITLE<br>VD  | NAME<br>BARLOW, MARY      | STREET ADDRESS<br>4575 S TEXAS AVE 308-B        | CITY-ST-ZIP<br>ORLANDO FL       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>TSD | NAME<br>O DELL, FRED      | STREET ADDRESS<br>2225 W. HOLDEN #208           | CITY-ST-ZIP<br>ORLANDO-FL       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>PD  | NAME<br>CLARK, MARY COMBS | STREET ADDRESS<br>2225 W HOLDEN AVE 105-A       | CITY-ST-ZIP<br>ORLANDO FL       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>VPD | NAME<br>HOOKER, RHONDA    | STREET ADDRESS<br>4575 S TEXAS AVENUE, #108     | CITY-ST-ZIP<br>ORLANDO FL 32839 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>D   | NAME<br>SCOTT, TOM        | STREET ADDRESS<br>2225 W HOLDEN AVENUE,STE #108 | CITY-ST-ZIP<br>ORLANDO FL 32839 | <input type="checkbox"/> Delete            |
| TITLE        | NAME                      | STREET ADDRESS                                  | CITY-ST-ZIP                     | <input type="checkbox"/> Delete            |

|              |                         |   |                                  |  |
|--------------|-------------------------|---|----------------------------------|--|
| TITLE<br>D   | NAME<br>Johnson, Pamela | STREET ADDRESS<br>2225 W. Holden ave 208A | CITY-ST-ZIP<br>Orlando, FL 32839 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>TSD | NAME<br>Bumenauer, Roy  | STREET ADDRESS<br>2225 W. Holden ave 303A | CITY-ST-ZIP<br>Orlando, FL 32839 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>PD  | NAME<br>Taylor, Pat     | STREET ADDRESS<br>2225 W. Holden ave 306A | CITY-ST-ZIP<br>Orlando, FL 32839 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE        | NAME                    | STREET ADDRESS                            | CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>VD  | NAME                    | STREET ADDRESS                            | CITY-ST-ZIP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE        | NAME                    | STREET ADDRESS                            | CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 REQUIRED *Patricia Taylor President* 4-11-2000 407-851-5644  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)