

**'2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90024 047 \*\*\*\*61.25

**DOCUMENT # 739851**

1. Entity Name  
**ALHAMBRA CLUB MANAGEMENT, INC.**

Principal Place of Business  
**52 E. SOUTH STREET**  
**ORLANDO FL 32801**  
**US**

Mailing Address  
**52 E. SOUTH STREET**  
**ORLANDO FL 32801**  
**US**

**550403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**190 N. Westmonte Drive**  
 Suite, Apt. #, etc.  
**100**  
 City & State  
**Attamonte Springs FL**  
 Zip  
**32714**  
 Country  
**USA**

3. Mailing Address  
**190 N. Westmonte Drive**  
 Suite, Apt. #, etc.  
**100**  
 City & State  
**Attamonte Springs FL**  
 Zip  
**32714**  
 Country  
**USA**

4. FEI Number **58-1847015** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DON ASHER & ASSOCIATES INC**  
**52 E. SOUTH STREET**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name **Marilyn Campbell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**190 N. Westmonte Drive**  
**Suite 100**  
 City **Attamonte Springs** **FL** Zip Code **32714**

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 *Marilyn Campbell* **Marilyn Campbell** **4-30-01**  
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE D	<input type="checkbox"/> Delete JOHNSON, PAMELA 2225 W. HOLDEN AVE. 208A ORLANDO FL 32839
TITLE TSD	<input checked="" type="checkbox"/> Delete BUMENAUER, ROY 2225 W. HOLDEN AVE. 303A ORLANDO FL 32839
TITLE PD	<input checked="" type="checkbox"/> Delete TAYLOR, PAT 2225 W. HOLDEN AVE. 306A ORLANDO FL 32839
TITLE VPD	<input checked="" type="checkbox"/> Delete HOOKER, RHONDA 4575 S TEXAS AVENUE, #108 ORLANDO FL 32839
TITLE VD	<input checked="" type="checkbox"/> Delete SCOTT, TOM 2225 W HOLDEN AVENUE, STE #108 ORLANDO FL 32839
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnson, Pamela
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clark, Mary Combs 2225 W. Holden Avenue #105A Orlando FL 32839-5012
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ferrell, James 2225 W. Holden Avenue #106A Orlando FL 32839-5012
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Griffin, Lee 4575 S. Texas Avenue #205B Orlando FL 32839-5012
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Calub, JoAnn 4575 S. Texas Avenue #305B Orlando FL 32839-5012
TITLE NAME	<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: *JoAnn Calub* **REQUIRE JoAnn Calub** **5-1-01** **407-862-2250**

CR2E037 (10/00)