

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750772

1. Entity Name

A.L.P.H.A., "A BEGINNING," INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90205 001 ****61.25

04-11-2000 90205 002 *****8.75

Principal Place of Business

701-5TH AVENUE NORTH
ST. PETERSBURG FL 33701

Mailing Address

701-5TH AVENUE NORTH
ST. PETERSBURG FL 33701-2215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1991525

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEEB, ROY
5635 7TH AVENUE N.
ST. PETERSBURG FL 33710

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

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 ☐ Delete
NAME D
STREET ADDRESS BRETT, SUE
CITY-ST-ZIP 2801 61ST ST NO
ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME Executive Comm.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME BVP
STREET ADDRESS SAUNDERS, JOSEPH
CITY-ST-ZIP 530 SANDY HOOK RD
TREASURE ISLAND FL 33706

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

TITLE ☐ Delete
NAME BP
STREET ADDRESS SUSAN MITTERMAYR
CITY-ST-ZIP 7132 S SHORE DR S
SOUTH PASADENA FL 33707

TITLE ☒ Change ☐ Addition
NAME Executive Committee
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS WILLIAMS, PAM
CITY-ST-ZIP 5801 2ND STR., S
ST PETERSBURG FL 33705

TITLE ☐ Change ☒ Addition
NAME Executive Committeeyp
STREET ADDRESS Lonnie Malatino
CITY-ST-ZIP 6073 16th Lane NE
St. Petersburg, FL. 33703

TITLE ☐ Delete
NAME D
STREET ADDRESS DEEB, ROY
CITY-ST-ZIP 5635 7TH AVE N
ST. PETERSBURG FL

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

TITLE ☒ Delete
NAME T
STREET ADDRESS THOMAS, WILLIAM
CITY-ST-ZIP 1048 12TH AVE., S
ST PETERSBURG FL 33705

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Jack Cunningham
CITY-ST-ZIP 5756 Williams Blvd.
Seminole, FL. 33772

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)