2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Margailt White al Margaret

FILED DOCUMENT # 756890 May 08, 2000 8:00 am 1. Entity Name Secretary of State FLORIDA ALFA CLUB, INC. 05-08-2000 90118 044 ****61.25 Principal Place of Business Mailing Address % OSTEEN D. GREENE % OSTEEN D. GREENE 1410 PINEAPPLE LANE 1410 PINEAPPLE LANE CLEARWATER FL 33759-2315 CLEARWATER FL 34619 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3081442 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GREENE, OSTEEN D. 1410 PINEAPPLE LANE **CLEARWATER FL 33759** Zip Code City FL 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) ----Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Change **X** Addition **Delete** TITLE NAME Rigall, David NAME RODRIGUEZ, ED 427 Blance Ave. STREET ADDRESS 1106 KENSING CT. STREET ADDRESS CITY-ST-ZIP Tampa, FL 33606 SAFETY HARBOR FL 34695-4424 M Change ☐ Addition ☐ Delete TITLE TITLE Denyko, Chip CHIP, DENY NAME NAME 10240 Parsons St. STREET ADDRESS 10240 PARSONS ST. STREET ADDRESS CITY-ST-ZIP Tampa, FL 33615 CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition n Delete TITLE HARKELL, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 13413 FOREST HILL DR CITY-ST-ZIP CITY-ST-ZIP tampa fl Change Addition ☐ Delete TITLE ST THUE NAME NAME GREENE, MARGARET STREET ADDRESS STREET ADDRESS 1410 PINEAPPLE LANE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** Delete **Addition** TITLE TITLE Stiles, Richard 13664 Kimberly Oaks Circle NAME NAME CORREA, DELSON STREET ADDRESS 5016 12TH AVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Largo, FL 33774</u> **GULFPORT FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME GREENE, OSTEEN D. NAME STREET ADDRESS STREET ADDRESS 1410 PINEAPPLE LANE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 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

727-799-1486 Daytime Phone #