

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90085 018 ****70.00

DOCUMENT # 756890

1. Entity Name

FLORIDA ALFA CLUB, INC.

Principal Place of Business

Mailing Address

% OSTEEN D. GREENE
 1410 PINEAPPLE LANE
 CLEARWATER FL 34619

% OSTEEN D. GREENE
 1410 PINEAPPLE LANE
 CLEARWATER FL 34619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3081442

Applied For

Not Applicable

Zip

Country

Zip

Country

33759

33759

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

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, OSTEEN D.
1410 PINEAPPLE LANE
CLEARWATER FL 33759

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 **P RIGALL, DAVID**
 STREET ADDRESS **427 BLANCE AVE**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☒ Addition
 NAME **Picot, John**
 STREET ADDRESS **1545 Foxcroft Dr. W.**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
 NAME **D CHIP, DENYKS**
 STREET ADDRESS **10240 PARSONS ST.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33615**

TITLE ☐ Delete
 NAME **ST GREENE, MARGARET**
 STREET ADDRESS **1410 PINEAPPLE LANE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33759**

TITLE ☐ Delete
 NAME **D STILES, RICHARD**
 STREET ADDRESS **13864 KIMBERLY OAKS CIRCLE**
 CITY-ST-ZIP **LARGO FL 33774**

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

TITLE ☐ Delete
 NAME **D GREENE, OSTEEN D.**
 STREET ADDRESS **1410 PINEAPPLE LANE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **33759**

TITLE ☐ Delete
 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: *Margaret Greene* **Margaret Greene** **4-15-02** **727-799-1486**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)