

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90172 047 ****70.00

DOCUMENT # 756890

1. Entity Name
FLORIDA ALFA CLUB, INC.



Principal Place of Business

% OSTEEN D. GREENE
1410 PINEAPPLE LANE
CLEARWATER FL 33759

Mailing Address

% OSTEEN D. GREENE
1410 PINEAPPLE LANE
CLEARWATER FL 33759

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

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **Rigall, David**
STREET ADDRESS **427 Blance Ave.**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☒ Delete
NAME **CHIP, DENYKS**
STREET ADDRESS **10240 PARSONS ST.**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **V** ☒ Change ☐ Addition
NAME **Denyko, Chip**
STREET ADDRESS **10240 Parsons St.**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **ST** ☐ Delete
NAME **GREENE, MARGARET**
STREET ADDRESS **1410 PINEAPPLE LANE**
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **D** ☒ Delete
NAME **STILES, RICHARD**
STREET ADDRESS **13664 KIMBERLY OAKS CIRCLE**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **D** ☐ Change ☒ Addition
NAME **Rady, John**
STREET ADDRESS **930 Britton St.**
CITY-ST-ZIP **Large, FL 33770**

TITLE **D** ☐ Delete
NAME **GREENE, OSTEEN D.**
STREET ADDRESS **1410 PINEAPPLE LANE**
CITY-ST-ZIP **CLEARWATER FL 33759**

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

TITLE **V** ☒ Delete
NAME **PICOT, JOHN**
STREET ADDRESS **1545 FOXCRAFT DR. W.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

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 4-14-03** **727-799-1486**

CR2E037 (10/02)