

2000 UNIFORM BUSINESS REPORT (UBR)

0006976

DOCUMENT # A23431

1. Entity Name
ALDERMAN ASSOCIATES, LTD.

FILED

00 APR 27 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Mailing Address
**P.O. BOX 41847
ST. PETERSBURG FL 33743-1847**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2729451**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SHER, CRAIG H
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$125,790.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$150,765.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P93000088822 ALDERMAN CENTERS, INC. 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	STREET ADDRESS CITY - ST - ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Craig H. Sher* **SIGNATURE REQUIRED** **Craig H. Sher, President, 4/26/2000** **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Alderman Centers, Inc.** Daytime Phone #

CR2E003 (9/99)