

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90060 032 \*\*\*150.00

**DOCUMENT # F92393**

1. Entity Name  
**ALPHA TRAVEL & TOURS, INC.**

Principal Place of Business <b>% JOHNNIE L. RANSAM          1450 LAKE BRADFORD RD #C          TALLAHASSEE FL 32304</b>	Mailing Address <b>% JOHNNIE L. RANSAM          1450 LAKE BRADFORD RD #C          TALLAHASSEE FL 32304-4702</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2199146</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>RANSOM, JOHNNIE L.          1450 LAKE BRADFORD RD #C          TALLAHASSEE FL 32304</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RANSOM, JOHNNIE L</b>		NAME				
STREET ADDRESS	<b>2512 COLLEEN DR</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>		CITY-ST-ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>RANSOM, PEARLENE L</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RANSOM, PEARLENE L</b>		NAME	<b>RETIRED</b>			
STREET ADDRESS	<b>2512 COLLEEN DR</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>		CITY-ST-ZIP				
TITLE	<b>STD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HUNTER, CHARLIE W.</b>		NAME				
STREET ADDRESS	<b>9032 WINGED FOOT DRIVE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>		CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CORISDEO, NORMA L.</b>		NAME				
STREET ADDRESS	<b>2409 ROSEMARY TERRACE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>		CITY-ST-ZIP				
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HOLLMAN, ROOSEVELT</b>		NAME				
STREET ADDRESS	<b>905 MCGUIRE CT</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

**SIGNATURE:** *Roosevelt Holloman* **ROOSEVELT HOLLOMAN** **4-18-00** **575-0637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)