

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42808

1. Entity Name

ALACADEEM, INC.

Principal Place of Business

529 UMATILLA BLVD
UMATILLA FL 32784

Mailing Address

P.O. BOX 2532
UMATILLA FL 32784-2532

2. Principal Place of Business

19528 Shockley Trail

3. Mailing Address

Suite, Apt. #, etc.

City & State

Altosna FL

City & State

Zip

32702 LAKE

Country

4. FEI Number

59-2917187

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, DAVID C.
19528 SHOCKLEY TR
ALTOONA FL 32702

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

Signature, typed or printed name of registered agent and title if applicable.

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OWENS, BILLY E.	
STREET ADDRESS	21020 SE 152 LANE RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PALMER, WENDY	
STREET ADDRESS	19523 SHOCKLEY TR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, ROBIN A.	
STREET ADDRESS	19528 SHOCKLEY TR.	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALMER, DAVID C.	
STREET ADDRESS	19528 SHOCKLEY TR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	AST	<input type="checkbox"/> Delete
NAME	OWENS, CHARLOTTE	
STREET ADDRESS	21020 SE 152 LANE RD.	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, Robin A.	
STREET ADDRESS	19528 Shockley TR.	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

Wendy Palmer Wendy Palmer 4-28-00 352 6698089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)