

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L41277**

1. Entity Name

ALPINE CLEANERS, INC.

Principal Place of Business

**22115 W NEWBERRY RD
NEWBERRY FL 32669
US**

Mailing Address

**22115 W NEWBERRY RD
NEWBERRY FL 32669
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**FLANAGAN, STEPHEN
22113 W. NEWBERRY RD.
NEWBERRY FL 32669**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D** ☐ Delete
NAME **FLANAGAN, STEPHEN**
STREET ADDRESS **6403 NEWBERRY RD**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete
NAME **HUNT, PHILLIP KEVIN**
STREET ADDRESS **2712 SW 34TH ST #231**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **STD** ☐ Delete
NAME **FLANAGAN, SHELLEY S**
STREET ADDRESS **22115 W. NEWBERRY RD.**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

STEPHEN FLANAGAN **STEPHEN FLANAGAN** *8/14/00* **352-472-4920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90010 046 ***550.00

00100000



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2999085** ☐ Applied For
☐ Not Applicable

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