

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05816

1. Entity Name

ALDERVEST CORPORATION

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90028 048 ***150.00

Principal Place of Business

505 S. FLAGLER DRIVE
#1001
WEST PALM BCH FL 33401

Mailing Address

505 S. FLAGLER DRIVE
#1001
WEST PALM BCH FL 33401-5949

2. Principal Place of Business

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State
West Palm Beach, Florida

Zip
33401

Country
USA

3. Mailing Address

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State
West Palm Beach, Florida

Zip
33401

Country
USA



101414

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2450325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, JOHN C.
505 S. FLAGLER DRIVE
#1001
WEST PALM BCH FL 33401

Name

Schneider, John C.

Street Address (P.O. Box Number is Not Acceptable)

250 Australian Avenue

1550 Clearlake Centre

City

West Palm Beach

FL

Zip Code
33401

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

John Schneider

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, ALLEN 12184 ALDER LANE WEST PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A.E. Ellis, President 4/27/00 (561) 793-3500

CR2E034 (9/99)