

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001545

1. Entity Name  
STEPHEN ALEXANDER CONSULTANTS, L.L.C.

FILED

00 JAN 12 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
611 DRUID ROAD EAST, SUITE 200  
CLEARWATER FL 33756

Mailing Address  
611 DRUID ROAD EAST, SUITE 200  
CLEARWATER FL 33756-3946

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
22-3680228

APPLIED FOR e

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

## 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 \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

## 9. MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
WATSON, PAUL  
611 DRUID ROAD EAST, SUITE 200  
CLEARWATER FL 34616

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
WISEMAN, SHANE  
611 DRUID ROAD EAST, SUITE 200  
CLEARWATER FL 34616

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

7000003103707--3  
-01/20/00--01014--006  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/10/00 727 442-0525  
Date Daytime Phone #

CR2E083 (9/99)