

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/10/00

DOCUMENT #

1. Entity Name **N00000000944**

**ALDERMAN GROUP HOME, INC.**

FILED

00 APR 10 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A0035431

Principal Place of Business

Mailing Address

8328 NW 201 Terr.  
Miami, FL 33015

2. Principal Place of Business

3. Mailing Address

8328 NW 201 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip 33015

Country

Dade

Zip

Country

4. FEI Number

04/10/00 90050 020 6/25  
65-0935651

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Elizabeth Alderman  
5100 SW 198 Terr.  
Ft. Lauderdale, FL 33332

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. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Elizabeth Alderman - P <input type="checkbox"/> Delete<br>5100 SW 198 Terr.<br>Ft. Lauderdale, FL 33332 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Karl Alderman - VP <input type="checkbox"/> Delete<br>5100 SW 198 Terr.<br>Ft. Lauderdale, FL 33332     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Gornelia Vakalopoulos - D <input type="checkbox"/> Delete<br>7450 SW 130 AVE<br>Miami, FL 33183         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Patricia Rice - D <input type="checkbox"/> Delete<br>18401 NW 22 AVE<br>Miami, FL 33056                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Geneva Burnham - D <input type="checkbox"/> Delete<br>509 Cooke St.<br>Lesburg, FL 34748                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Signature Phone #

Elizabeth Alderman - Elizabeth Alderman 3/1/00 904-2960 (315)

CR2E037 (9/99)