

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08991

1. Entity Name

ALPHA VILLAGE TAXPAYERS & CIVIC ASSOCIATION, INC

Principal Place of Business
38610 CAMDEN AVE
7142 LANDOVER DR
ZEPHYRHILLS FL 33540

Mailing Address
38610 CAMDEN AVE
7142 LANDOVER DR
ZEPHYRHILLS FL 33540-1407

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90027 019 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0391229

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~PETERS, MARILYN J~~ RON SOLT
~~7142 LANDOVER DR~~ 38610 CAMDEN AVE
ZEPHYRHILLS FL 33540

Name

RON SOLT

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

38610 CAMDEN AVE

City

ZEPHYRHILLS

FL

Zip Code

33540

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

FILE NOW:
FEE IS \$61.25

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	PD <input type="checkbox"/> Delete
NAME	PETERS, MARILYN
STREET ADDRESS	7142 LANDOVER DR.
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	SP VPD <input type="checkbox"/> Delete
NAME	CUNNINGHAM, MILBURN
STREET ADDRESS	7312 LANDOVER DR.
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	VPD PD <input type="checkbox"/> Delete
NAME	SOLT, RON
STREET ADDRESS	38610 CAMDEN AVE
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	TD <input type="checkbox"/> Delete
NAME	THIBERT, DONALD ANN SMITH
STREET ADDRESS	7332 OMEGA CT
CITY-ST-ZIP	38550 CAMDEN ZEPHYRHILLS, FL
TITLE	D <input type="checkbox"/> Delete
NAME	MURABITO, JOE
STREET ADDRESS	38646 CAMDEN AVE
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	SD <input type="checkbox"/> Delete
NAME	WILSON, JIM ELAINE SATTERWAITE
STREET ADDRESS	7329 APPLEGATE
CITY-ST-ZIP	7242 APPLEGATE DR. ZEPHYRHILLS FL

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

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

Daytime Phone #

CR2E037 (9/99)