

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # N40463****1. Entity Name**
THE ALTERNATIVE SOUTH, INC.**Principal Place of Business**
7045 NORTH CASTLEBERRY ROAD
HERNANDO FL 34442 US**Mailing Address**
7045 NORTH CASTLEBERRY ROAD
HERNANDO FL 34442 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3139131
Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**MOYER, PATRICIA J.
7045 N. CASTLEBERRY ROAD
HERNANDO FL 34442 US**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** **PATRICIA J. MOYER****09/08/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	STRICKROOT FRED	4603 TARAY LANE	HOLIDAY FL	<input type="checkbox"/>
SD	ZYLKA, BROOKE	4603 TARAY LANE	HOLIDAY FL	<input type="checkbox"/>
PTD	MOYER, PATRICIA J	7045 N. CASTLEBERRY RD.	HERNANDO FL 34442	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Patricia J. Moyer

PTD

09/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)