

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000932

1. Entity Name

ALPHA INSTITUTE, INCORPORATED

Principal Place of Business

% ST. PETERSBURG JR. COLLEGE  
CLEARWATER BRANCH. ATTN: JOSEPH SMILEY  
CLEARWATER FL

Mailing Address

2906 TORREY PINES CT.  
CLEARWATER FL 34621

2. Principal Place of Business

3. Mailing Address

OMICRON BETA LAMBDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 10595

City & State

City & State

CLEARWATER, FL

Zip

Country

Zip

Country

33757-8595

USA

4. FEI Number

59-3158403

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

PIERCE, JAMES V  
2906 TORREY PINES COURT  
CLEARWATER FL 34621

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

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  
D  
PIERCE, JAMES V  
2906 TORREY PINES CT.  
CLEARWATER FL 34621 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
(Zip code change) (33761)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BOWIE, DARRY  
1876 DREW ST  
CLEARWATER FL 34625-2911 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DD  
WATERS, JAMES  
31560 U.S. HIGHWAY 19 N.  
PALM HARBOR FL 34684 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
James Waters  
2451 Bond Ave.  
Clearwater, FL 33759  
(Address Correction) ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MCKAHAND, DONNIE  
1465 FAIRMOUNT  
CLEARWATER FL 34619 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MARINA, JONATHAN  
1201 SEMINOLE BLVD., #134  
LARGO FL 34646 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Wendel Evans  
19225 Garden Quilt Cir  
Lutz, FL 33549 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

PROGRAM DIRECTOR 2/6/01

727-459-3163

Date

Daytime Phone #

CR2E037 (10/00)