

2002 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

OMICRON BETA LAMBDA
P O BOX 10595
CLEARWATER FL 33757-8595
US

2. Principal Place of Business

1932 DREW ST

Suite, Apt. #, etc.

SUITE 8

City & State

CLEARWATER FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33765

Country

USA

Zip

Country

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

PIERCE, JAMES V
2906 TORREY PINES COURT
CLEARWATER FL 34621

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

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

TITLE D
NAME PIERCE, JAMES V
STREET ADDRESS 2906 TORREY PINES CT.
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

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

TITLE DD
NAME WATERS, JAMES
STREET ADDRESS 2451 BOND AVENUE
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

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

TITLE SD
NAME EVANS, WENDEL
STREET ADDRESS 19225 GARDEN QUILT CIRCLE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

2/6/02 727-452-8441

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE