

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004206

1. Entity Name

ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, IN

**FILED**  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90017 017 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3665 E BAY DR STE 204-169 LARGO FL 33771	3665 E BAY DR STE 204-169 LARGO FL 33771-1990 US

2. Principal Place of Business	3. Mailing Address
600 Blue Lk Dr.	600 Blue Lk Dr.
Suite, Apt. #, etc. Longwood	Suite, Apt. #, etc. Longwood
City & State FL	City & State FL
Zip 32779	Zip 32779
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0532241	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEERING, RICHARD D. 625 LOIS LANE BELLEAIR BLUFFS FL 33770	Name Cre means, Margaret Street Address (P.O. Box Number is Not Acceptable) 600 Blue Lk. Dr. City Longwood FL FL Zip Code 32779

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 Margaret P. Cre means DATE 4-6-2000  
Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD REGASPI, GIL 816 N SUMMERLIN ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, NANCY 263 RILEY LAKE DR HAWTHORNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEERING, EVELYNE E. 625 LOIS LANE BELLEAIR BLUFFS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Love, Steve <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 263 Riley Lk. Dr. Hawthorne, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, SANDY 13465 SW 108TH ST CIR MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBAND, DORIS 3062 WOOLRIDGE AVE ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CREMEANS, MAGARET 600 BLUE LAKE DR LONGWOOD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Margaret P. Cre means DATE 4-6-2000 (407) 774-2548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)