

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004693

1. Entity Name

ALEXANDER HERITAGE FOUNDATION, INC.

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FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90008 031 ****61.25

Principal Place of Business

5240 PANOLA INDUSTRIAL BLVD
DECATUR GA 30035
US

Mailing Address

5240 PAVOLA INDUSTRIAL BLVD
DECATUR GA 30035
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

59-3361728

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

WATSON, RUTHIE A
1650 TREMAIN ST
MT DORA FL 32757

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

After September 13, 2000 min. will be \$236.25

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
NAME ALEXANDER, WILTS C III ☐ Delete
STREET ADDRESS 15 E. MAGNOLIA AVENUE
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE VPD
NAME MANNING, GWEN ☐ Delete
STREET ADDRESS 715 LIBERTY STREET
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE TD
NAME WATSON, RUTHIE ☐ Delete
STREET ADDRESS 1650 TREMAIN STREET
CITY-ST-ZIP MOUNT DORA FL 32757

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

TITLE SD
NAME GOODWIN, DONNA ☐ Delete
STREET ADDRESS 19 LONESOME PINE TRAIL
CITY-ST-ZIP YALAHUA FL 32797-3060

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

TITLE D
NAME HAYES, TOMMY III ☐ Delete
STREET ADDRESS 28 W. WOODWARD AVENUE
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE D
NAME CUNNINGHAM, DAVID ☐ Delete
STREET ADDRESS 55 CARDINAL STREET
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/00

Date

770-208-1100

Daytime Phone #

CR2E037 (5/00)