

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002229

1. Entity Name

EXCEL ALTERNATIVES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90020 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

520 WEST LAKE MARY BLVD.  
SANFORD FL 32773

520 WEST LAKE MARY BLVD.  
SANFORD FL 32773-7467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3383506

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GIANNONI, TIMOTHY  
520 WEST LAKE MARY BLVD.  
SUITE 300  
SANFORD FL 32773

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 ☐ Delete  
NAME **D S/T**  
STREET ADDRESS **BARKER, SANDRA**  
CITY-ST-ZIP **1928 HOWELL BRANCH RD**  
**WINTER PARK FL 32792**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BASS, MIKE**  
CITY-ST-ZIP **1155 S SEMORAN BLVD STE 1141**  
**WINTER PARK FL 32792**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MONCRIEF, RUSSELL**  
CITY-ST-ZIP **190 KATIE'S COVE**  
**SANFORD FL 32771**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **GIANNONI, TIMOTHY**  
CITY-ST-ZIP **520 W. LAKE MARY BLVD. SUITE 300**  
**SANFORD FL 32773**

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **HOWELL, JOHN**  
ST-ZIP **200 S ORANGE AVE., STE 2600**  
**ORLANDO FL 32801**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WINESBURGH, BEVERLY**  
ST-ZIP **978 DOUGLAS AVENUE, SUITE 100**  
**ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☒ Addition  
NAME **DARVIN Boothe**  
STREET ADDRESS **991 Sand Lake Road**  
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Change ☒ Addition  
NAME **Ruby Homayssi**  
STREET ADDRESS **1409 Pylewood Street**  
CITY-ST-ZIP **Fern Park, FL 32730**

TITLE ☐ Change ☒ Addition  
NAME **GARY KANE**  
STREET ADDRESS **670 W. Fairbanks**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☒ Addition  
NAME **Malcolm S. MacDiarmid**  
STREET ADDRESS **1723 Goldside DR.**  
CITY-ST-ZIP **Winter Park, FL 32792**

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

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

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Timothy Giannoni)* 3/15/00 407-321-5822

Date

Daytime Phone #

CR2E037 (9/99)