

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002229

1. Entity Name

EXCEL ALTERNATIVES, INC.

Principal Place of Business

520 WEST LAKE MARY BLVD.
SANFORD FL 32773

Mailing Address

520 WEST LAKE MARY BLVD.
SANFORD FL 32773

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 59-3383506

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

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
After September 12, 2001, 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

TITLE DST
NAME BARKER, SANDRA
STREET ADDRESS 1928 HOWELL BRANCH RD
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE D
NAME BASS, MIKE
STREET ADDRESS 505 MAITLAND AVE SUITE 120
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

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

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

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

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

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

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

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90018 011 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)