

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006745

1. Entity Name

THE ALPHA CLUB, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90036 041 ****70.00

| | |
|--|---|
| Principal Place of Business 4418B NORTH HUBERT STREET TAMPA FL 33614 | Mailing Address 10211 EXPLORER COURT TAMPA FL 33615-2566 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|------------------------------------|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | 4. FEI Number 59-3500409 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5830 MEMORIAL HWY #1108 TAMPA FL | | | |
| | | 33615 | | USA | |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent WISNESKI, GEORGE 10211 EXPLORER COURT TAMPA FL 33615 | | 7. Name and Address of New Registered Agent Name GEORGE WISNESKI Street Address (P.O. Box Number is Not Acceptable) 5830 MEMORIAL HWY #1108 City TAMPA FL Zip Code 33615 | |
|--|--|---|--|

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]* DATE 2/12/00
Signature, typed 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| PD BARCO, BRYANT 2502 SUNNYSHORES DR TAMPA FL 33618 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| SD EDWARDS, ALAN 6811 N CLEARVIEW-ST TAMPA FL 33614 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TD WISNESKI, GEORGE 10211 EXPLORER COURT TAMPA FL 33615 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| VD HALL, WILLIE 1505 E IDA ST TAMPA FL 33610 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| VD CROMWELL, GARLAND 6102 WEBB RD #1408 TAMPA FL 33615 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| SECRETARY 7610 NACIDO CT TAMPA, FL 33615 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TREASURER GEORGE WISNESKI 5830 MEMORIAL HWY #1108 TAMPA FL 33615 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VICE PRESIDENT JEROME DRIOSELY 1214 POWHATEL AV TAMPA FL 33604 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: *[Signature]* **GEORGE W. WISNESKI, TREASURER** DATE 2/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)