

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115305

1. Entity Name

ALEPH DEVELOPMENT, INC.

Principal Place of Business

3301 ORANGE BLOSSOM C
PALM BEACH GARDENS FL 33410

Mailing Address

3301 ORANGE BLOSSOM C
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

1526 University Blvd. W
Suite, Apt. #, etc.
JACKSONVILLE, FL

3. Mailing Address

1526 University Blvd W
Suite, Apt. #, etc.
JACKSONVILLE, FL

City & State

Zip 32217

Country USA

City & State

Zip 32217

Country USA

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name Hayes & Lindell, P.A.
Street Address (P.O. Box Number is Not Acceptable)
620 Blackstone Building
233 East Bay Street
City Jacksonville FL Zip Code 32202

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

Heather Albury, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ALBURY, HEATHER R
STREET ADDRESS 3301 ORANGE BLOSSOM C
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Albury, Heather R
STREET ADDRESS 1663 Davidson ST
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE VP
NAME FAZIO, Anthony M
STREET ADDRESS 1663 Davidson ST
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☐ Change ☒ Addition

TITLE SEC
NAME Fazio, Anthony M
STREET ADDRESS 1663 Davidson St.
CITY-ST-ZIP Jacksonville, FL 32207 ☐ Change ☒ Addition

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Heather Albury, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

904 732 4900



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)