

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33846

1. Entity Name

ALFORD OF COLUMBUS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90204 011 ***150.00

Principal Place of Business

Mailing Address

ALFORD, TED L.
EDGEWATER BEACH RESORT
PINE MOUNTAIN GA 31822
US

6923 MARINA COVE COURT
COLUMBUS GA 31904-2283

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

58-1091906

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

ALFORD, TED L.
EDGEWATER BEACH RESORT
TOWER 11, #101
PANAMA CITY BEACH FL 32407

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	ALFORD, TED L.	
STREET ADDRESS	6923 MARINA COVE COURT	
CITY-ST-ZIP	COLUMBUS GA 31904	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALFORD, TED L.	
STREET ADDRESS	11619 FRONT BEACH ROAD, UNIT 102, T2	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ALFORD, LYNDIA	
STREET ADDRESS	6923 MARINA COVE COURT	
CITY-ST-ZIP	COLUMBUS GA 31904	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALFORD, LYNDIA	
STREET ADDRESS	11619 FRONT BEACH ROAD, UNIT 102, T2	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)