

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005028

1. Entity Name

ALEXANDER CATTLE CO., INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 023 ***550.00

Principal Place of Business

P.O. BOX 810
ZELLWOOD FL 32790

Mailing Address

P.O. BOX 810
ZELLWOOD FL 32790

2. Principal Place of Business

7617 TEAKWOOD PL.
Suite, Apt. #, etc.

3. Mailing Address

7617 TEAKWOOD PL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Mt Dora, FL

City & State

Mt Dora FL

4. FEI Number

59-3162630

Applied For

Not Applicable

Zip

32757

Country

Lake

Zip

32757

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, RICHARD H JR
940 HIGHLAND AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME ALEXANDER, PAUL
STREET ADDRESS BOX 810 - 6429 W. JONES AVE.
CITY-ST-ZIP ZELLWOOD FL

TITLE D ☒ Delete
NAME PRICE, ALVIN
STREET ADDRESS 15576 S. HWY. 68
CITY-ST-ZIP ST. JAMES MO

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME ALEXANDER, Paul
STREET ADDRESS 7617 Teakwood Pl
CITY-ST-ZIP Mt Dora, FL 32757

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

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

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

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

TITLE ☐ Change ☐ 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:

Paul Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-12-00 352-735-4287

CR2E034 (5/00)