

2001 UNIFORM BUSINESS REPORT (UBR)

0359660

DOCUMENT # P93000088822

1. Entity Name:

ALDERMAN CENTERS, INC.

Principal Place of Business

5858 CENTRAL AVE
ST PETERSBURG FL 33707

Mailing Address

5858 CENTRAL AVE
ST PETERSBURG FL 33707

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 41847

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33743-1847

Country

4. FEI Number 59-3224765

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H
5858 CENTRAL AVE
ST PETERSBURG FL 33707

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.

(NOT

Registered Agent's 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, 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 DC ☐ Delete
NAME SEMBLER, MELVIN F
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE PD ☐ Delete
NAME SHER, CRAIG H
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE VSD ☐ Delete
NAME SEMBLER, BRENT W
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE VTD ☐ Delete
NAME SEMBLER, GREGORY S
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE D ☐ Delete
NAME SEMBLER, STEVEN M
STREET ADDRESS 5858 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300004217093-3
STREET ADDRESS -05/15/01--01058--021
CITY-ST-ZIP *****158.75 *****158.75

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

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

4/25/01

727-384-6000

Date

Daytime Phone #

CR2E034 (10/00)

FILED

01 APR 30 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE