

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047197

1. Entity Name

AlA Realty Group, Inc.

Principal Place of Business

1620 Medical Lane
Suite 149
Fort Myers, FL 33907

Mailing Address

P.O. Box 430
Lehigh Acres, FL 33907

2. Principal Place of Business

1620 Medical Lane

3. Mailing Address

P.O. Box 430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 149

N/A

City & State

Fort Myers, FL

City & State

Lehigh Acres, FL

Zip

33907

Country

USA

Zip

33970

Country

USA

4. FEI Number

65-0590460

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

Christopher Kelley
1098 Biscayne Blvd. Suite 205
Miami, FL 33161

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.

N/A

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Jean W Telusma
120 Airview Ave
Lehigh Acres, FL 33936

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Jean W Telusma

Jean W Telusma

04/20/2000 (941)274-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90108 032 ***158.75

C0081019

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)