

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088506

1. Entity Name

CASSELBERRY ALLIANCE CORPORATION

Principal Place of Business

110 SUMMERFIELD WAY  
BRANDON FL 33510

Mailing Address

110 SUMMERFIELD WAY  
BRANDON FL 33510

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3342809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, RONALD K  
110 SUMMERFIELD WAY  
BRANDON FL 33510

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

1-8-02

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, 2002 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 PDVS ☐ Delete  
NAME SCHROEDER, K. RONALD  
STREET ADDRESS 110 SUMMERFIELD WAY  
CITY-ST-ZIP BRANDON FL 33510

TITLE T ☐ Delete  
NAME SCHROEDER, K. RONALD  
STREET ADDRESS 110 SUMMERFIELD WAY  
CITY-ST-ZIP BRANDON FL 33510

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

TITLE DPST ☒ Change ☐ Addition  
NAME K. Ronald Schroeder  
STREET ADDRESS 110 Summerfield way  
CITY-ST-ZIP Brandon, FL 33510

TITLE ☒ Change ☐ Addition  
NAME Daniel S. Thall  
STREET ADDRESS 755 W. State Rd 434, Suite E  
CITY-ST-ZIP Brandon, FL 33510

TITLE Longwood ☐ 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:

*[Signature]* K. Ronald Schroeder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

DATE

813-244-1572

Daytime Phone #

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90686 007 \*\*\*550.00

96080



DO NOT WRITE IN THIS SPACE

040720 AV

CR20034 (9/01)