

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073039

1. Entity Name

ALEXANDER PROFESSIONAL ASSOCIATION

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90048 016 ***150.00

Principal Place of Business

7491 CONROY-WINDERMERE ROAD
SUITE I
ORLANDO FL 32835

Mailing Address

7491 CONROY-WINDERMERE ROAD
SUITE I
ORLANDO FL 32835-2769

2. Principal Place of Business

5728 Major Blvd.

Suite, Apt. #, etc.

Suite 550

City & State

Orlando FL

Zip

32819

Country

3. Mailing Address

5728 Major Blvd.

Suite, Apt. #, etc.

Suite 550

City & State

Orlando FL

Zip

32819

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3409542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, EDWARD R JR.
7491 CONROY-WINDERMERE ROAD
SUITE I
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

5728 Major Blvd.

Suite 550

City

Orlando

FL

Zip Code

32819

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, EDWARD R JR.	
STREET ADDRESS	7491 CONROY-WINDERMERE ROAD, SUITE I	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, EDWARD D JR.	
STREET ADDRESS	7491 CONROY WINDERMERE ROAD STE I	
CITY-ST-ZIP	ORLANDO 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5728 Major Blvd, Suite 550
CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5728 Major Blvd, Suite 550
CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

4/6/00 407.354.3888

Date

Daytime Phone #

CR2E034 (9/99)