

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5728 Major Blvd.</i> Suite, Apt. #, etc. <i>Suite 550</i> City & State <i>Orlando, FL</i>	3. Mailing Address <i>5728 Major Blvd.</i> Suite, Apt. #, etc. <i>Suite 550</i> City & State <i>Orlando, FL</i>
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4. FEI Number 59-3409542	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Zip <i>32819</i>	Country	Zip <i>32819</i>	Country
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5728 Major Blvd, Suite 550</i> <i>Orlando, FL 32819</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5728 Major Blvd, Suite 550</i> <i>Orlando, FL 32819</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/6/00* Daytime Phone #: *407-354-3888*

CR2E034 (9/99)