

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102516

1. Entity Name

ALPHA INSTITUTE OF SOUTH FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90119 029 ***150.00

Principal Place of Business

Mailing Address

~~304 PARK AVENUE~~
~~LAKE PARK FL 33403~~

~~304 PARK AVENUE~~
~~LAKE PARK FL 33403-2424~~

910 TENTH STREET
LAKE PARK, FL 33403

910 TENTH ST
LAKE PARK, FL 33403

2. Principal Place of Business

3. Mailing Address

910 TENTH STREET

910 TENTH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

4. FEI Number

65-0719245

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

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

~~BERNSTEIN, ALAN~~
~~4869-4 OKEECHOBEE BLVD~~
~~WEST PALM BEACH FL 33417~~

Name KEITH R. FINGERHUT

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

c/o ALPHA INSTITUTE

910 TENTH ST

City

LAKE PARK

FL

Zip Code

33403

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

KEITH R. FINGERHUT

4-20-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ESPIE, DOUGLAS C
STREET ADDRESS 19088 S.E. LOXAHATCHEE RIVER ROAD
CITY-ST-ZIP JUPITER FL 33438 ☐ Delete

TITLE New Address ☒ Change ☐ Addition
NAME
STREET ADDRESS 2900 NORTH A1A
CITY-ST-ZIP N. HUTCHINSON ISLAND, FL 34949

TITLE VP
NAME ESPIE, JANICE R
STREET ADDRESS 19088 S.E. LOXAHATCHEE RIVER ROAD
CITY-ST-ZIP JUPITER FL 33438 ☐ Delete

TITLE New Address ☐ Change ☐ Addition
NAME
STREET ADDRESS 2900 N. A1A
CITY-ST-ZIP N. HUTCHINSON ISLAND, FL 34949

TITLE P
NAME FINGERHUT, KEITH R
STREET ADDRESS 480 EXECUTIVE CTR DR #2K
CITY-ST-ZIP W PALM BCH FL 33401 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH R. FINGERHUT
PRESIDENT

Date

Daytime Phone #

4/20/2000

(561)

845-1400

CR2E034 (9/99)