

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063206

1. Entity Name

TERRIE ALEXANDER, INC.

Principal Place of Business

170 E MORSE BLVD  
WINTER PARK FL 32789  
US

Mailing Address

170 E MORSE BLVD  
WINTER PARK FL 32789  
US

2. Principal Place of Business

2700 MIDSUMMER DR

Suite, Apt. #, etc.

3. Mailing Address

2700 MIDSUMMER DR

Suite, Apt. #, etc.

City & State  
WINDERMERE FL

City & State  
WINDERMERE FL

Zip  
34786

Country  
ORANGE

Zip  
34786

Country  
ORANGE

4. FEI Number 59-3461978

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

ALEXANDER, TERESA C  
2700 MIDSUMMER DR.  
WINDERMERE FL 34786

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.

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
ALEXANDER, TERESA C  
2700 MIDSUMMER DR.  
WINDERMERE FL 34786 ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
V  
ALEXANDER, TERESA C  
2700 MIDSUMMER DR.  
WINDERMERE FL 34786 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90465 003 \*\*\*150.00

00050098



DO NOT WRITE IN THIS SPACE

0434002

CR2E034 (10/00)