

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105368

1. Entity Name

ALFORD, ALFORD, INC.

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90007 050 \*\*\*550.00

Principal Place of Business

ROUTE 1 BOX 2000  
 PALATKA FL 32177

Mailing Address

ROUTE 1 BOX 2000  
 PALATKA FL 32177

2. Principal Place of Business

3816 Reid Street

Suite, Apt. #, etc.

3. Mailing Address

3816 Reid Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palatka, Florida

City & State

Palatka, Florida

4. FEI Number

59-3483330

Applied For

Not Applicable

Zip

32177

Country

Zip

32177

Country

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

ALFORD, BRIAN  
 ROUTE 1 BOX 2000  
 PALATKA FL 32177

Name

Kathryn A. Clapp

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

3816 Reid Street

City

Palatka

FL

Zip Code

32177

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

*Kathryn A. Clapp*

(NOTE: Registered Agent signature required when reinstating)

DATE

9-7-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME C  
 STREET ADDRESS ALFORD, BRIAN  
 CITY-ST-ZIP ROUTE 1 BOX 2000  
 PALATKA FL 32177

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

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS CLAPP, KAY  
 CITY-ST-ZIP ROUTE 1 BOX 2000  
 PALATKA FL 32177

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Kathryn A. Clapp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-00 904-3059330

CR2E034 (5/00)