

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90171 028 \*\*\*150.00

**DOCUMENT # P98000017211**

**1. Entity Name**  
**ALTERNATIVE FUNDING CORPORATION**

**Principal Place of Business**

**1270 EGLIN PKWY.  
 STE A11  
 SHALIMAR FL 32579**

**Mailing Address**

**P.O. BOX 932  
 SHALIMAR FL 32579**



**2. Principal Place of Business**

**1775 Lewis Turner Blvd. Ste.**

**3. Mailing Address**

**101 1775 Lewis Turner Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 101**

DO NOT WRITE IN THIS SPACE

**City & State**  
**Ft. Walton Beach, FL**

**City & State**  
**Ft. Walton Beach, FL**

**4. FEI Number** **59-3495749**

Applied For  
 Not Applicable

**Zip**  
**32547**

**Country**

**Zip**  
**32547**

**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**

**RUNNELLS, III, DAVAGE J**  
**36468 EMERALD COAST PARKWAY, SUITE 2201**  
**DESTIN FL 32541**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **ADEN, TIMOTHY C**  
**STREET ADDRESS** **1270 N. EGLIN PKWY-STE A11**  
**CITY-ST-ZIP** **SHALIMAR FL 32579**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **1775 Lewis Turner Blvd Ste 101**  
**CITY-ST-ZIP** **Shalimar FL 32579**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
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**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:** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02** **(850) 362-0266**  
 Date Daytime Phone #

CR2E034 (9/01)