

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076674

1. Entity Name

ALLIGATOR ALLEY, INC. LAW ENFORCEMENT

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90040 029 ***158.75

Principal Place of Business

7340 LIVE OAK LN
NEW PORT RICHEY FL 34653

Mailing Address

PO BOX 1705
NEW PORT RICHEY FL 34656-1705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3534374

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDADE, RICHARD P
7340 LIVE OAK LN
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Joe Craig

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

7340 Live Oak Ln

Dept: 1392

City

New Port Richey,

FL

Zip Code
34653

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 Joe Craig DATE April 3, 2000

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)

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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	VP	<input type="checkbox"/> Delete
NAME	MCDADE, ROBERT	
STREET ADDRESS	4729 PIKE DR	
CITY-ST-ZIP	METairie LA 70003	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MCDADE, ANN	
STREET ADDRESS	7340 LIVE OAK LN	
CITY-ST-ZIP	NEW PT RICHEY FL 34653	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHINN, MEREDITH	
STREET ADDRESS	3300 WARNER BLVD	
CITY-ST-ZIP	BURBANK CA 91503	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Richard P McDade	
STREET ADDRESS	6550 Nebraska Ave	
CITY-ST-ZIP	New Port Richey, FL 34656-1705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5000 W. Esplanade Suite 301	
CITY-ST-ZIP	Metairie, LA 70006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/Inspector	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard McDade	
STREET ADDRESS	6550 Nebraska Ave	
CITY-ST-ZIP	New Port Richey, FL 34656-1705	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Mitchell	
STREET ADDRESS	7340 Live Oak Ln	
CITY-ST-ZIP	New Port Richey, FL 34653	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorian Young	
STREET ADDRESS	7340 Live Oak Ln	
CITY-ST-ZIP	New Port Richey, FL 34653	

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

Richard P McDade

Date

Daytime Phone #

727-817-4199

CR2E034 (9/99)