

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000076674**1. Entity Name
ALLIGATOR ALLEY, INC. LAW ENFORCEMENTPrincipal Place of Business
7340 LIVE OAK LN
NEW PORT RICHEY FL 34653
Mailing Address
PO BOX 1705
NEW PORT RICHEY FL 34656

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 ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCRAIG JOE
7340 LIVE OAK LN., DEPT. 1392

NEW PORT RICHEY FL 34653 US

7. Name and Address of New Registered AgentName
CRAIG JOEStreet Address (P.O. Box Number is Not Acceptable)
7340 LIVE OAK LN.

DEPT 001392

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 _____ 04/20/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE M ☐ Delete
NAME YOUNG DORIAN
STREET ADDRESS 7340 LIVE OAK LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34653TITLE S ☐ Delete
NAME MITCHELL MICHAEL
STREET ADDRESS 7340 LIVE OAK LN.
CITY-ST-ZIP NEW PORT RICHEY FL 34653TITLE PI ☐ Delete
NAME MCDADE RICHARD
STREET ADDRESS 6550 NEBRASKA AVE.
CITY-ST-ZIP NEW PORT RICHEY FL 346461705TITLE S ☐ Delete
NAME CHINN MEREDITH
STREET ADDRESS 3300 WARNER BLVD
CITY-ST-ZIP BURBANK CA 91503TITLE TS ☐ Delete
NAME MCDADE ANN
STREET ADDRESS 7340 LIVE OAK LN
CITY-ST-ZIP NEW PT RICHEY FL 34653TITLE VP ☐ Delete
NAME MCDADE ROBERT
STREET ADDRESS 500 V W. ESPLANADE, STE. 301
CITY-ST-ZIP METAIRIE LA 70006**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE M ☒ Change ☐ Addition
NAME KEANE PATRICK
STREET ADDRESS 1 POLICE PLAZA DEA
CITY-ST-ZIP NEW YORK NY 10038TITLE S ☒ Change ☐ Addition
NAME DICE BETTY
STREET ADDRESS 7340 LIVE OAK LN.
CITY-ST-ZIP NEW PORT RICHEY FL 34653TITLE PI ☒ Change ☐ Addition
NAME MCDADE RICHARD
STREET ADDRESS 7340 LIVE OAK LN.
CITY-ST-ZIP NEW PORT RICHEY FL 34653TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Richard P McDade

PI

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)