

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079254

1. Entity Name

ALEXANDER'S GUESTHOUSE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 048 ***150.00

Principal Place of Business

1118 FLEMING STREET
KEY WEST FL 33040
US

Mailing Address

604 WHITEHEAD STREET
KEY WEST FL 33040-6549
US

00007203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

506 Louisa Street

Suite, Apt. #, etc.

City & State

Key West, Florida

Zip

33040

Country

4. FEI Number

65-0862747

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 Agent

CATALFOMO, ANTHONY
506 LOUISA STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Anthony J. Catalfomo

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

C/O Catalfomo & Farrelly

506 Louisa Street

City

Key West

FL

Zip Code

33040

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

Anthony Catalfomo
Signature, typed or printed name of registered agent and title if applicable

Anthony Catalfomo

(NOTE: Registered Agent signature required when reinstating)

Jan. 12, 2000

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, 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 PSTD ☐ Delete
NAME INGRAM, MICHAEL B
STREET ADDRESS 604 WHITEHEAD STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Add
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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: *Michael B. Ingram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Ingram
President

Jan. 12, 00 (305)292-7777

Date

Daytime Phone #