## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800084610  1. Entity Name  ALEXANDER WEBB, INC.							FILED May 22, 2000 8:00 at Secretary of State 04-04-2000 90090 009 ***150.00		
Principal Place	of Business		Mailing Address		<del></del>				
760 GOLFVIEW ISSIMMEE FL 3 S			1760 GOLFVIEW DRIVE KISSIMMEE FL 34746-3839 US				TERMEN IN CONT. IN CO.	Rhaarii dana d	Eli Parrival
2. Principal Pla 1760 Suite, Apt.	GOLF		3. Mailing Address 1760 (FOLFUEW DAVE Suite, Apt. #, etc.						
City & State	<del></del>	FLORIDA	City & State KISSIMMEE FLORIDA				4. FEI Number Applied For Not Applied by Not Applied For Not Applied by Not Applied For Not Applied by Not Appl		
34746		Country	<sup>Zip</sup> 34746	Cour		- 1	5. Certificate of Status Desired	\$8.75 4	ditional
	6. Name	and Address of Current					7. Name and Address of New Registe		
WEDG	OCCUPEN			<u>-</u>			B- REUBEN		
1760 GOLFVIEW DRIVE						2 <i>U</i>	ss (P.O. Box Number is Not Acceptable)		
Moon	MINITE LE	04/10			City	· mm	<u>.ee</u>	Zip Coo	
<del></del>			<del></del>		<u> </u>		d agent, or both, in the State of Florida	FL 347	46
SIGNATURE _		Uses Well or printed name of registered agent.			ed Agent signatu		mineca i	T 2000	2
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 \$15  After MAY 1, 2000 Fee will be  Make Check Payable to Department						50.00		☐ Adde	O May Be d to Fees
11.	D	OFFICERS AND	DIRECTORS Delete	12.		POK	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	RS IN 11 Addition
name Street Address	WEBB, R 1760 GO	LFVIEW DRIVE	C. Duicig	NA2 STP	ME NEET ADDRESS	WE!	CB RENGEN DRIVE		
CITY-ST-ZIP	KISSIMM	EE FL 34746			Y-ST-ZIP	KISK	innet Function	34746	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-719			□ Delete		_			☐ Change	E J AOURION
TITLE	ļ		☐ Delele	TIT	LE_	<del></del>		☐ Change	Addition
NAME  STREET ADDRESS  CITY-ST-ZIP					ME REET ADDRESS Y-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Dalete	STI	LE ME REET ADORESS 'Y+ST-ZIP			☐ Chānge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dglèie	STI	LE ME REET ADORESS IY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET APDRESS CITY-ST-ZIP			☐ Delete	7) 7 AM 172	ile Me Reet addhess IY-St-Zip			☐ Change	Addition
Indicated of the co	d on this rep rporation or I, or on an a	ort or supplemental report the receiver or trustee emptachment with en address,	is true and accurate and that	my sign rt as requ	ature shall huired by Cha	have the s	ction 119.07(3)(i), Florida Statutes. I furti lame legal effect as if made under oath; Florida Statutes; and that my name app MARCH   ST 200	that I am an offic pears in Block 11 /LD 7	er or director or Block 12 if

FEI NO. 59-3535974