

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90006 003 \*\*\*550.00

**DOCUMENT # P99000007409**

1. Entity Name

**ALCOR DEVELOPMENT CORPORATION**

Principal Place of Business

C/O BESSEMER TRUST COMPANY OF FLORIDA  
 801 BRICKELL AVENUE, 19TH FLOOR  
 MIAMI FL 33131

Mailing Address

C/O BESSEMER TRUST COMPANY OF FLORIDA  
 801 BRICKELL AVENUE, 19TH FLOOR  
 MIAMI FL 33131

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

**072-18-7934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ATTERBURY, WILLIAM W III  
 C/O MAASS, ROGERS & LINDSAY, P.A.  
 321 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480-0431**

7. Name and Address of New Registered Agent

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 business 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 \$550.00  
 After SEPTEMBER 13, 2000 Min. will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LORBERBAUM, ALAN S.</b>	
STREET ADDRESS	<b>470 ADDISON PARK LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LORBERBAUM, CHIRLEY</b>	
STREET ADDRESS	<b>470 ADDISON PARK LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>701 Osprey Point Circle</b>	
STREET ADDRESS	<b>Boca Raton, Florida</b>	
CITY-ST-ZIP	<b>333431-5245</b>	
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		<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		

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 REQUIRED**

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CF2E034 (5/00)

Attachment Doc #  
P990000007469  
108240

BESSEMER TRUST COMPANY OF FLORIDA  
801 BRICKELL AVENUE  
MIAMI, FLORIDA 33131

MARSHA C. WITT  
SENIOR VICE PRESIDENT

305-372-5005  
FAX: 305-375-0694

September 11, 2000

**CERTIFIED MAIL**  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: P99000007409  
Alcor Development Corporation

Gentlemen:

We are returning to you the copy of the 2000 Uniform Business Report. Please note that we have used the social security number of Alan Lorberbaum rather than a FEI number as Alcor Development Corporation is a one-participant limited liability company and is not required to file for a separate federal tax identification number.

Hope this information is sufficient for your records.

Sincerely,



Marsha C. Witt

enclosure