

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012114

i. Entity Name

ALTERNATIVE GREENERY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 002 ***150.00

Principal Place of Business

Mailing Address

EAST YALE STREET
ORLANDO FL 32804

102 EAST YALE STREET
ORLANDO FL 32804-5945

00025599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

632 MT. PLYMOUTH RD
Suite, Apt. #, etc.

3. Mailing Address

6232 MT. PLYMOUTH RD.
Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

59-3557691

Applied For

Not Applicable

Zip

32712

Country

ORANGE

Zip

32712

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKLAND, LYLE
102 EAST YALE STREET
ORLANDO FL 32804

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 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) ☐

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	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, LYLE	
STREET ADDRESS	102 EAST YALE STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

ALTERNATIVE GREENERY, INC. KIRKLAND

1-10-00

407 814 8758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)