

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014348

1. Entity Name

ALEXANDER HOMES INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90080 015 ***150.00

Principal Place of Business

P.O. BOX 770637
ORLANDO FL 32877-0657

Mailing Address

P.O. BOX 770637
ORLANDO FL 32877-0657

2. Principal Place of Business

P.O. BOX 770637

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 770637

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3575994

Applied For

Not Applicable

Zip

Country

FL 32877-0657

ORLANDO

Zip

Country

FL 32877-0657

ORLANDO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYZELL, R.A.
4012 BROOKMYRA DRIVE
ORLANDO FL 32837

Name

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

City

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when non-stating)

DATE

April 24th 2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	LAYZELL, RAYMOND A	4012 BROOKMYRA DRIVE	ORLANDO FL 32837	<input type="checkbox"/>
VP	WEBB, REUBEN	1760 GOLF VIEW DRIVE	KISSIMMEE FL 34746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

April 24th 2001

CR2E034 (10/00)