

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90053 039 ***150.00

DOCUMENT # P99000030401

1. Entity Name

ALTERNATIVES IN MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1180 S. BENEVA RD.
 SARASOTA FL 34232

1180 S. BENEVA RD.
 SARASOTA FL 34232

2. Principal Place of Business

7350 S. TAMiami TR.

Suite, Apt. #, etc.

164

City & State

SARASOTA, FL

Zip

34231

Country

U.S.

3. Mailing Address

7350 S. TAMiami TR.

Suite, Apt. #, etc.

164

City & State

SARASOTA, FL

Zip

34231

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0908303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEVINE, ROBERT R
 1180 S. BENEVA RD.
 SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

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

7338 PERIWINKLE DR.

City **SARASOTA**

FL

Zip Code
 34231

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

ROBERT R. DEVINE

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

[Signature]

(NOTE: Registered Agent signature required when re-registering)

4-21-01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEVINE, ROBERT R	
STREET ADDRESS	1180 S. BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALICA-DEVINE, KATHLEEN	
STREET ADDRESS	1180 S. BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL 34232	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7338 PERIWINKLE DR.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7338 PERIWINKLE DR.	
CITY-ST-ZIP	SARASOTA, FL. 34231	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT R. DEVINE

4-21-01

Date

941-928-6176

Daytime Phone #

CR2E034 (10/00)