

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072057

1. Entity Name

ALPINE VENTURE CAPITAL CORP.

Principal Place of Business

515 N. FLAGLER DR., STE. 1200  
WEST PALM BEACH FL 33401

Mailing Address

515 N. FLAGLER DR., STE. 1200  
WEST PALM BEACH FL 33401-4347

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE. 3000  
MIAMI FL 33131

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	DIRECTOR - PRESIDENT <input type="checkbox"/> Delete
NAME	STEPHEN J. WARNER
STREET ADDRESS	515 N. FLAGLER DRIVE #1200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DIRECTOR - VICE PRESIDENT <input type="checkbox"/> Delete
NAME	RIZNE P. EICHENBERGER
STREET ADDRESS	515 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VICE PRESIDENT <input type="checkbox"/> Delete
NAME	BRUCE J. STEWART
STREET ADDRESS	515 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DIRECTOR - VICE PRESIDENT <input type="checkbox"/> Delete
NAME	H. HICKMAN POWELL
STREET ADDRESS	515 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SECRETARY - TREASURER <input type="checkbox"/> Delete
NAME	DENNIS E. DONOHUE
STREET ADDRESS	515 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS E. DONOHUE

SECRETARY -  
TREASURER

Date

Daytime Phone #

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90020 001 \*\*\*400.00

05-30-2000 90020 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0952124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75-Additional  
Fee Required**

CR2E034 (9/99)