

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90082 024 ***150.00

0349155 AV

DOCUMENT # P99000072057

1. Entity Name
ALPINE VENTURE CAPITAL CORP.

Principal Place of Business
ONE NORTH CLEMATIS STREET
SUITE 510
W. PALM BEACH FL 33401

Mailing Address
ONE NORTH CLEMATIS STREET
SUITE 510
W. PALM BEACH FL 33401



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 **65-0052524** **65-095** **2124**

Applied For
 Not Applicable

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

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

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, 2002 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
DP
WARNER, STEPHEN J
515 N FLAGLER DR #1200
WEST PALM BEACH FL 33401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1 N. Clematis Street, #510
W.P.B., FL 33401

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
EICHENBERGER, PENE P
515 N. FLAGLER DR
WEST PALM BEACH FL 33401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1 N. Clematis St, #510
W.P.B., FL 33401

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
SHEWMAKER, BRUCE J
515 N FLAGLER DR
WEST PALM BEACH FL 33401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1 N. Clematis St, #510
W.P.B., FL 33401

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVP
POWELL, H. HICKMAN
515 N. FLAGLER DR
WEST PALM BEACH FL 33401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1 N. Clematis St, #510
West Palm Beach, FL 33401

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
DONOHUE, DENNIS E
515 N. FLAGLER DR
WEST PALM BEACH FL 33401

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
Rita F. Soto
One North Clematis St, #510
West Palm Beach, FL 33401

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

Date

Daytime Phone #

CR2E034 (9/01)