Amended.

2000 UNIFORM BUSINESS REPORT (UBR)

05-30-2000 90107 050 ****61.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 AM 11:25

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DOCUMENT # P99000076569 ✓

1. Entity Name

Alexander Realty Group, Inc.

Principal Place of Business	Mailing Address
Osceola County	750 office Plaza Blvd Ste 301 Kissimmee FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 office Plaza Blvd	750 office Plaza Blvd.
Suite, Apt. #, etc.: Ste 301	Suite, Apt. #, etc.: Ste 301
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34744 Country: Osceola	Zip: 34744 Country: Osceola

4. FEI Number: 59-3591525 ☐ 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
Jeannette R. Alexander 4616 Pinelake Dr. St Cloud FL 34769	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: Jeannette Alexander President 5/1/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Vice President Jeannette R. Alexander 4616 Pinelake Dr. St Cloud FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Ramon Luis Velazquez 692 Floral Dr Kissimmee FL 34743 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Neil P. Alexander 4616 Pinelake Dr. St Cloud FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Mildred P. Rivera 2470 Kissimmee Pk Rd. St Cloud FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/27 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Jeannette Alexander Jeannette Alexander 5/1/00 407-931-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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