

2000 UNIFORM BUSINESS REPORT (UBR)

112 0015818

DOCUMENT # P99000095973

1. Entity Name
ALTA HOLDINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 8:52

Principal Place of Business
1672 INDIAN DANCE CT
MAITLAND FL 32751

Mailing Address
1672 INDIAN DANCE CT
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

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

☒ 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

BEECH, REX
1672 INDIAN DANCE CT
MAITLAND FL 32751

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME BEECH, REX
STREET ADDRESS 1672 INDIAN DANCE CT
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MORGAN, JOHN
STREET ADDRESS 1520 WHISSTABLE CT
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WHISONNANT, REID
STREET ADDRESS 540 KILLARNEY BAY CT
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

4/17/00 20115002 150.00

Alta Holdings

1672 Indian Dance Ct. Maitland, FL 32875

PH: (407) 645-2210 FAX: (407) 645-2199

Please note that the money for this corporation has already been recorded.

I sent this application
in the first mailing.

We have not received
a tax ID # I listed
the social security # and
our application.

Susan
Beech

office
manager

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No 1545-0003

3

1 Name of applicant (legal name) (see instructions) Alta Holdings, Inc.					
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name			
4a Mailing address (street address) (room, apt., or suite no.) 1672 Indian Dance Ct.		5a Business address (if different from address on lines 4a and 4b)			
4b City, state, and ZIP code Maitland, FL 32751		5b City, state, and ZIP code			
Orange County, FL					
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ W. Reid Whisonant 245-86-1383					
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a					
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp _____ <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard _____ <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Other corporation (specify) ▶ for profit _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Federal government/military _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida		Foreign country	
9 Reason for applying (Check only one box.) (see instructions)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
10 Date business started or acquired (month, day, year) (see instructions) 10/29/99			11 Closing month of accounting year (see instructions) December		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ n/a					
13 Highest number of employees expected in the next 12 months Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) ▶			Nonagricultural 0		Agricultural Household
14 Principal activity (see instructions) ▶					
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶					
16 To whom are most of the products or services sold? Please check one box <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A					
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes xx NO Note: If "Yes," please complete lines 17b and 17c					
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above Legal name ▶ Trade name ▶					
17c Approximate date when and city and state where the application was filed Enter previous employer identification number if known Approximate date when filed (mo., day, year) City and state where filed Previous EIN					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete					
Name and title (Please type or print clearly) ▶ W. Reid Whisonant, Vice President			Business telephone number (include area code) 407- 644-3472 Fax telephone number (include area code) 407-644-5911		
Signature ▶ <i>W. Reid Whisonant</i>			Date ▶ 10/2/00		
Note: Do not write below this line For official use only					
Please leave blank ▶		Geo	Ind	Class	Size
Reason for applying					

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat No 18055N

Form **SS-4** (Rev. 4-2000)