

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2000 8:00 am**
Secretary of State

01-27-2000 90114 029 ***150.00

DOCUMENT # P99000101184

1. Entity Name

CORY ALEXANDER ASSOCIATES, INC.**CORTALEXANDER ASSOCIATES, INC**

Principal Place of Business

Mailing Address

**920 NW 8TH AVE., SUITE A
GAINESVILLE FL 32601****920 NW 8TH AVE., SUITE A
GAINESVILLE FL 32601-5071**

UUU11172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3612620

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SMITH, DALE C
920 NW 8TH AVE., SUITE A
GAINESVILLE FL 32601****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 **D** ☐ Delete
NAME **SMITH, DALE C**
STREET ADDRESS **2103 NW 23RD TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32605**TITLE **D** ☐ Delete
NAME **SHEPHERD, STEPHEN**
STREET ADDRESS **920 NW 8TH AVE., SUITE A**
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE **D** ☐ Delete
NAME **SHEPHERD, TERRY J**
STREET ADDRESS **920 NW 8TH AVE., SUITE A**
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE **D** ☐ Delete
NAME **STEPHENS, SCOTT M**
STREET ADDRESS **111 NW 136TH ST.**
CITY-ST-ZIP **NEWBERRY FL 32669**TITLE **D** ☐ Delete
NAME **STEPHENS, MARY J**
STREET ADDRESS **111 SW 136TH ST.**
CITY-ST-ZIP **NEWBERRY FL 32669**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1427 NW 99th Ter**
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE **From Shepherd, Terry G.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1427 NW 99th Ter**
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

1/20/00 352 373 6100