

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90028 012 \*\*\*150.00

DOCUMENT # P99000101184

1. Entity Name

CORYALEXANDER ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

111 SW 136<sup>th</sup> ST

3. Mailing Address

111 SW 136<sup>th</sup> ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry FL 32669

City & State

Newberry FL

4. FEI Number

59-3612620

Applied For

Not Applicable

Zip

32669

Country

FLORIDA

Zip

32669

Country

FLORIDA

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

SMITH, DALE C  
920 NW 8TH AVE., SUITE A  
GAINESVILLE FL 32601

Name

SCOTT M. STEPHENS

Street Address (P.O. Box Number is Not Acceptable)

111 SW 136<sup>th</sup> ST

City

NEWBERRY

FL

Zip Code

32669

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

*[Signature]*

SCOTT M. STEPHENS

1/29/01

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, 2001 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	DT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DALE C	
STREET ADDRESS	2103 NW 23RD TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, STEPHEN	
STREET ADDRESS	1427 NW 99TH TER	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, TERRY G	
STREET ADDRESS	1467 NW 99TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, SCOTT M	
STREET ADDRESS	111 NW 136TH ST.	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, MARY J	
STREET ADDRESS	111 SW 136TH ST.	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
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	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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]*

SCOTT M. STEPHENS

Date

Daytime Phone #

1/29/01

3324638

CR2E034 (10/00)