

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31996

1. Entity Name

ALGER C. ADDISON, INC.

FILED

Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90019 022 ***550.00

Principal Place of Business

106 COMMERCE ST
108
LAKE MARY FL 32746
US

Mailing Address

106 COMMERCE ST
108
LAKE MARY FL 32746
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3050494

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

~~ADDISON, ALGER C.~~
~~900 ADIOS AVE~~
~~MAITLAND FL 32751~~

7. Name and Address of New Registered Agent

Name ADDISON, ALGER C.

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

1909 WINGFIELD DR.

City LONGWOOD

FL

Zip Code 32779

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 A.C. ADDISON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reorganizing)

7/13/00

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

TITLE P
NAME ADDISON, A CHRIS
STREET ADDRESS ~~900 ADIOS AVE~~
CITY-ST-ZIP ~~MAITLAND FL~~

☐ Delete

TITLE VP
NAME ADDISON, LIBBY R
STREET ADDRESS ~~900 ADIOS AVE~~
CITY-ST-ZIP ~~MAITLAND FL~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00 407.829.4919
Date Daytime Phone #