

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47121

1. Entity Name

ALAN GREGORY, INC.

FILED

Feb 15, 2000 8:00 am  
Secretary of State

02-15-2000 90052 027 \*\*\*150.00

Principal Place of Business

Mailing Address

17516 RAINTREE CT  
MONTEVERDE FL 34756-0040

P.O. BOX 560040  
MONTEVERDE FL 34756-0040

SAME

931 VILLAGE BOULEVARD  
SUITE 905-308  
WEST PALM BEACH, FL 33409-1939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3130804

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

7. Name and Address of New Registered Agent

GREGORY, ALAN  
17516 RAINTREE CT  
MONTEVERDE FL 34756-0040

Name

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

931 VILLAGE BOULEVARD  
(SUITE 905-308)

City

WEST PALM BEACH FL

FL

Zip Code

33409-1939

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME GREGORY, ALAN  
STREET ADDRESS 17516 RAINTREE CT  
CITY-ST-ZIP MONTEVERDE FL 34756

☐ Delete

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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

Date

Daytime Phone #

ALAN GREGORY  
1/8/00 561-840-9370

CR2E034 (9/99)