

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90177 037 \*\*\*150.00

**DOCUMENT # 527908**  
 1. Entity Name  
**ALLIANCE MORTGAGE COMPANY**

Principal Place of Business <b>8100 NATIONS WAY JACKSONVILLE FL 32256</b>	Mailing Address <b>8100 NATIONS WAY JACKSONVILLE FL 32256-4405 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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4. FEI Number <b>59-1724879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**ROBERTS, ANGIE B**  
**8100 NATIONS WAY**  
**JACKSONVILLE FL 32256**

**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 \_\_\_\_\_ (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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MEEKS, GARY</b>	
STREET ADDRESS <b>8100 NATIONS WAY</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	
TITLE <b>EVP</b>	<input type="checkbox"/> Delete
NAME <b>KOSTER, MICHAEL C</b>	
STREET ADDRESS <b>8100 NATIONS WAY</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HICKS, DAVID M</b>	
STREET ADDRESS <b>1725 MEMORIAL PARK DRIVE</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>EVPC</b>	<input type="checkbox"/> Delete
NAME <b>MATHESON, STEPHEN B</b>	
STREET ADDRESS <b>8100 NATIONS WAY</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BLAQUIERE, MONICA H.</b>	
STREET ADDRESS <b>8100 NATIONS WAY</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>CLEMENTS, ROBERT M</b>	
STREET ADDRESS <b>8100 NATIONS WAY</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vice President, Secretary,</b>
STREET ADDRESS	<b>Treasurer</b>
CITY-ST-ZIP	<b>Jeffrey Smiley</b>
	<b>8100 Nations Way Jacksonville, FL 32256</b>
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 title empowered.

**SIGNATURE:** **Stephen B. Matheson** **04/26/00** **(904) 281-6390**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)