

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90136 004 \*\*\*150.00

002245

**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 US</b>
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**617497**



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 <b>59-1724879</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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: **TERENCE G. VANE, JR.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8100 NATIONS WAY  
 JACKSONVILLE**  
 City: **FL** Zip Code: **32256**

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: *Terence G. Vane, Jr.* **TERENCE G. VANE, JR., SVP** DATE: **1-8-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE	<b>PD</b>	<input type="checkbox"/>
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"/>
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"/>
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"/>
NAME	<b>MATHESON, STEPHEN B</b>	
STREET ADDRESS	<b>8100 NATIONS WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/>
NAME	<b>SMILEEY, JEFFREY</b>	
STREET ADDRESS	<b>8100 NATIONS WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Terence G. Vane, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/2/01** Daytime Phone #: **(904) 281-6430**

CR2E034 (10/00)