

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767598

1. Entity Name

THE FLORIDA ALLIANCE, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

07-05-2000 90878 029 \*\*\*\*61.25

Principal Place of Business  
2200 ELLER DR.  
BLDG. 27 PORT EVERGLADES STATION  
FT LAUDERDALE FL 33316

Mailing Address  
BOX 13038  
BLDG. 27 PORT EVERGLADES STATION  
FT. LAUDERDALE FL 33316-0100  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-2311864**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FITZGERALD, JEAN  
2200 ELLEN DRIVE  
3RD FLOOR  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent  
Name Mary Anne Gray  
Street Address (P.O. Box Number is Not Acceptable) 2200 Eller Drive  
City Ft. Lauderdale FL Zip Code 33316

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HVIDE, HANS J		NAME		
STREET ADDRESS	2200 ELLER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-ST-ZIP		
TITLE	CST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, JEAN		NAME		
STREET ADDRESS	2100 S. OCEAN LANE, APT. 706		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, RONALD		NAME		
STREET ADDRESS	2 W DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mary Anne Gray	
STREET ADDRESS			STREET ADDRESS	2200 Eller Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)