

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000009**

1. Entity Name
Alliance Capital Partners, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business
**300 Delaware Ave., Suite 1704
Wilmington, DE 19801**

Mailing Address
**8100 Nations Way
Jacksonville, FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2024090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$26,477,215.14

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | 13. ADDRESS CHANGES ONLY |
|---|-------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |

700003283317--3
-06/09/00--01091--024
*****526.25 *****526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

Robert M. Clements

04/28/00 · (904) 281-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)