

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** B99000000472  
**1. Entity Name**  
 ANC FINANCIAL LP

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 APR 20 PM 3:25

**B99000000472**

**Principal Place of Business**  
**Mailing Address**

**2. Principal Place of Business**  
 200 S. Andrews Avenue  
 Suite, Apt. #, etc.  
 11th Floor  
 City & State  
 Ft. Lauderdale, FL  
 Zip  
 33301  
 Country  
 USA

**3. Mailing Address**  
 200 S. Andrew Avenue  
 Suite, Apt. #, etc.  
 11th Floor  
 City & State  
 Ft. Lauderdale, FL  
 Zip  
 33301  
 Country  
 USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
 52-2207171  
☐ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 S. Pine Island Road  
 Plantation, FL 33324

**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.** 999.00 **10. Amount of Capital Contributions in FLORIDA to date.** 999.00 **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	F99000006735 ANC Financial GP Corporation 200 S. Andrews Avenue Ft. Lauderdale, FL 33301	STREET ADDRESS CITY-ST-ZIP	6000003223726--9 -04/25/00--01100--003 ****141.25 ****141.25
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**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:**  **Howard D. Schwartz** **4/17/00** **954-320-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Secretary of GP Date Daytime Phone #

CR2E003 (9/99)