

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

B99000000473

**B99000000473**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 PM 3: 26

1. Entity Name

ANC MANAGEMENT SERVICES, LP

Principal Place of Business

Mailing Address

2. Principal Place of Business

200 S. Andrews Avenue

3. Mailing Address

200 S. Andrews Avenue

Suite, Apt. #, etc.

11th Floor

Suite, Apt. #, etc.

11th Floor

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

52-2207170

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

7. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Ft. Lauderdale, FL 33301

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.

990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

990.00

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 # F99000006737  
NAME ANC Management Services Corporation  
STREET ADDRESS 200 S. Andrews Avenue  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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*

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 #