

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005865

1. Entity Name

THE RELIANCE FINANCIAL & INVESTMENT GROUP, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90925 041 ***150.00

Principal Place of Business

3475 LENOX ROAD NE SUITE 400
ATLANTA GA 30326-1232

Mailing Address

3475 LENOX ROAD NE SUITE 400
ATLANTA GA 30326-1232

757991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 YAMATO ROAD

3. Mailing Address

301 YAMATO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3160

SUITE 3160

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

Zip

33431

Country

USA

4. FEI Number

58-2407836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GOLDSTEIN, DONALD I
3475 LENOX ROAD NE SUITE 400
ATLANTA GA 30326

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)