

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F99000000094

1. Entity Name

Alliance Capital Partners, Inc.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90048 031 \*\*\*150.00

Principal Place of Business

Mailing Address

300 Delaware Ave., Suite 1704  
Wilmington, DE 19801

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

52-2022897

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. 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, 2000 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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President, Secretary, Director	Robert M. Clements	8100 Nations Way	Jacksonville, FL 32256		
Chairman	David M. Hicks	1725 Memorial Park Drive	Jacksonville, FL 32204	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Robert T. Shircliff	8100 Nations Way	Jacksonville, FL 32256	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Gary A. Meeks	8100 Nations Way	Jacksonville, FL 32256	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Russell B. Newton Jr.	8100 Nations Way	Jacksonville, FL 32256	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Charles E. Commander III	200 Laura Street	Jacksonville, FL 32202	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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:



Robert M. Clements 04/28/00 (904) 281-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)