

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90049 023 ***150.00

DOCUMENT # F99000000094**1. Entity Name**
ALLIANCE CAPITAL PARTNERS, INC.**Principal Place of Business**
300 DELAWARE AVE. SUITE 1704
WILMINGTON DE 19801**Mailing Address**
300 DELAWARE AVE. SUITE 1704
WILMINGTON DE 19801**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**52-2022897**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **C** ☐ Delete
NAME **HICKS, DAVID M**
STREET ADDRESS **1725 MEMORIAL PARK DR**
CITY-ST-ZIP **JACKSONVILLE FL 32204****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **PSD** ☐ Delete
NAME **CLEMENTS, ROBERT M**
STREET ADDRESS **8100 NATIONS WY**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **SHIRCLIFF, ROBERT T**
STREET ADDRESS **8100 NATIONS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **MEEKS, GARY A**
STREET ADDRESS **8100 NATIONS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **NEWTON, RUSSELL B JR**
STREET ADDRESS **8100 NATIONS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32256****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **COMMANDER, CHARLES E III**
STREET ADDRESS **200 LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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

Robert M. Clements

Date

4/15/02

Daytime Phone #

(904) 281-6430

CR2E034 (9/01)