

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000094

1. Entity Name
ALLIANCE CAPITAL PARTNERS, INC.



FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91463 032 ***150.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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 Director ☐ Change ☒ Addition
NAME Rupinder S. Sidhu
STREET ADDRESS 8100 Nations Way
CITY-ST-ZIP Jacksonville, FL 32256

TITLE PSD ☐ Delete
NAME CLEMENTS, ROBERT M
STREET ADDRESS 8100 NATIONS WY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE Director ☐ Change ☒ Addition
NAME Robert J. Mylod Jr.
STREET ADDRESS 8100 Nations Way
CITY-ST-ZIP Jacksonville, FL 32256

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

12. 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 10 or Block 11 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

4/24/03 (904) 281-16005

Date

Daytime Phone #

CR2E034 (10/02)