

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000006735**1. Entity Name
ANC FINANCIAL GP CORPORATIONPrincipal Place of Business
200 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301
Mailing Address
200 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33301

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2207162

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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 _____ **01/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME HYLE KATHLEEN W
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Delete
NAME T WILSON LELAND F
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☒ Change ☐ Addition
NAME VPT WILSON LELAND F
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Delete
NAME S SCHWARTZ HOWARD
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☒ Change ☐ Addition
NAME DVPS SCHWARTZ HOWARD D
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Delete
NAME P BEARD KAREN
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME DAS SIMPSON JEFFREY K
STREET ADDRESS 1201 MARKET ST., STE. 1700 CHASE MANHATTAN
CITY-ST-ZIP WILMINGTON DE 19801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME CAS STEWART GORDON W
STREET ADDRESS 1201 MARKET ST., STE. 1700 CHASE MANHATTAN
CITY-ST-ZIP WILMINGTON DE 19801TITLE ☒ Change ☐ Addition
NAME DAS STEWART GORDON W
STREET ADDRESS 1201 MARKET ST., STE. 1700 CHASE MANHATTAN
CITY-ST-ZIP WILMINGTON DE 19801

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: Howard D. Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DVPS 01/23/2001

Date

Daytime Phone #

CR2E034 (11/00)

O. MASON HURST, II, DVPAS
200 S. ANDREWS AVENUE

FORT LAUDERDALE, FL 33301