

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90055 041 ***150.00

DOCUMENT # **F99000006735**

1. Entity Name

ANC Financial GP Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Andrews Ave.

3. Mailing Address

200 S. Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

52-2207162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	Lawrence Ramaekers
STREET ADDRESS	200 S. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	DV
NAME	Wayne Moor
STREET ADDRESS	200 S. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	DVS
NAME	Howard D. Schwartz
STREET ADDRESS	200 S. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	DV
NAME	Mary Wood
STREET ADDRESS	200 S. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	TV
NAME	Leland F. Wilson
STREET ADDRESS	200 S. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employment.

SIGNATURE: **Howard D. Schwartz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard D. Schwartz, Secretary 954-320-4000

Date

4/15/02

Daytime Phone #

CR2E034B (12/01)