

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000006737**1. Entity Name  
ANC MANAGEMENT SERVICES CORPORATION

Principal Place of Business 200 SOUTH ANDREWS AVENUE  FORT LAUDERDALE FL 33301	Mailing Address 200 SOUTH ANDREWS AVENUE  FORT LAUDERDALE FL 33301
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2. Principal Place of Business 200 SOUTH ANDREWS AVENUE, 11TH FLOOR	3. Mailing Address 200 SOUTH ANDREWS AVENUE, 11TH FLOOR
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
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4. FEI Number 52-2207165	Applied For Not Applicable
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Zip 33301	Country	Zip 33301	Country
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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 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 \_\_\_\_\_ 01/25/2001  
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 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 NAME STREET ADDRESS CITY-ST-ZIP	T WILSON LELAND F 200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ HOWARD 200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEARD KAREN 200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SIMPSON JEFFREY K 1201 MARKET STREET, SUITE 1700 WILMINGTON DE 19801	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAS STEWART GORDON W 1201 MARKET STREET, SUITE 1700 WILMINGTON DE 19801	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS STEWART GORDON W 1201 MARKET STREET, SUITE 1700 WILMINGTON DE 19801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

S 01/25/2001

Date Daytime Phone #

CR2E034 (11/00)