

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012442

1. Entity Name

WILLIS ALLIANCE, LLC

Principal Place of Business

1531-3 PARK MEADOW DRIVE  
FORT MYERS FL 33907

Mailing Address

1531-3 PARK MEADOW DRIVE  
FORT MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61566

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

Country

Zip

33906

Country

FILED  
01 JUL 26 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1046728

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, SCOTT D  
1531-3 PARK MEADOW DRIVE  
FORT MYERS FL 33907

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

*Scott Willis*

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

(NOTE: Registered Agent signature required when reinstating)

7-22-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILLIS, SCOTT D  
1531-3 PARK MEADOW DRIVE  
FORT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILLIS, DIANA L  
1531-3 PARK MEADOW DRIVE  
FORT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition  
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-07/31/01--01059-010  
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TITLE  
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Scott Willis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-22-01

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE