

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005139

1. Entity Name
ALLIANCE INSURANCE AND INFORMATION SERVICES, L.L.C.

Principal Place of Business
2502 ROCKY POINT DRIVE
SUITE 180
TAMPA FL 33607

Mailing Address
2502 ROCKY POINT DRIVE
SUITE 180
TAMPA FL 33607-1450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 8th Ave. West
Suite, Apt. #, etc.

3. Mailing Address
1111 8th Ave. West
Suite, Apt. #, etc.

City & State
Bradenton, Florida
Zip
34205
Country
U.S.A.

City & State
Bradenton, Florida
Zip
34205
Country
U.S.A.

4. FEI Number
59-3596268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAREVICH, GARY
2502 ROCKY POINT DRIVE
SUITE 180
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
CAREVICH, GARY S.
Street Address (P.O. Box Number is Not Acceptable)
1111 8th Ave. W.
City
Bradenton FL Zip Code
34205

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
GARY S. CAREVICH

[Signature]

03-20-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLIANCE TITLE OF AMERICA, INC. 2502 ROCKY POINT DRIVE TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	400003283674--0 -06/09/00--01113--002 ****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03-20-00

Date

941-748-3381

Daytime Phone #

CR2E083 (9/99)