

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092518

1. Entity Name

THE ALLIANCE OF PROFESSIONALS RIA, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90003 026 ***550.00

Principal Place of Business

9240 BONITA BEACH ROAD
 SUITE 3B18
 BONITA SPRINGS FL 34135

Mailing Address

9240 BONITA BEACH ROAD
 SUITE 3B18
 BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2679004

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 | PD LOVE, WILLIAM H | <input type="checkbox"/> Delete |
| STREET ADDRESS | 9240 BONITA BEACH ROAD SUITE 3B18 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE NAME | VD BERNARDI, DENISE C | <input type="checkbox"/> Delete |
| STREET ADDRESS | 9240 BONITA BEACH ROAD SUITE 3B18 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE NAME | STD FREDSTROM, SCOTT L | <input type="checkbox"/> Delete |
| STREET ADDRESS | 9240 BONITA BEACH ROAD SUITE 3B18 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
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|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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, within other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 941-495-2242

Date

Daytime Phone #

0097276 AV

CR2E034 (5/01)