

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044222

1. Entity Name

ALLIANCE INSURANCE SERVICES, INC.

Principal Place of Business

8100 NATIONS WAY
JACKSONVILLE FL 32256
US

Mailing Address

POB 44093
JAX FL 32231
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3207282

Applied For

Not Applicable

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEVLIN, ROBERT A
8100 NATIONS WAY
FLOOR 1
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name TERENCE G. VANE, JR.
Street Address (P.O. Box Number is Not Acceptable)
8100 NATIONS WAY
JACKSONVILLE
City FL Zip Code 32256

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 TERENCE G. VANE, JR. DATE 01-11-01

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 \$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	D	<input type="checkbox"/> Delete
NAME	MEEKS, GARY A	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEVLIN, ROBERT A	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSTER, MICHAEL C	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHESON, STEPHEN B	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, GARY A.	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTER, MICHAEL C.	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHESON, STEPHEN B.	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZ, MICHAEL E.	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90183 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4-25-01 (904) 281-6430