

2001 UNIFORM BUSINESS REPORT (UBR)

5. **FILED**
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90086 012 ***150.00

DOCUMENT # P98000003021

1. Entity Name

ALLIANCE FINANCIAL GROUP OF SOUTHWEST FLORIDA, I

Principal Place of Business

**3200 BAILEY LANE
 SUITE 162
 NAPLES FL 34105**

Mailing Address

**3200 BAILEY LANE
 SUITE 162
 NAPLES FL 34105**

5047

2. Principal Place of Business

3785 Airport Road

Suite, Apt. #, etc.

Suite A

City & State

Naples, FL

Zip

34105

Country

Collier

3. Mailing Address

3785 Airport Road

Suite, Apt. #, etc.

Suite A

City & State

Naples, FL

Zip

34105

Country

Collier

4. FEI Number **65-0811241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARTON, WILLIAM L
 3200 BAILEY LANE
 SUITE 162
 NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name: **Barton, Berne L**
 Street Address (P.O. Box Number is Not Acceptable)

3785 Airport Rd. Suite A

City **Naples**

FL

Zip Code

34105

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

Berne Barton

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

(NOTE: Registered Agent signature required when reinstating)

DATE **5-15-01**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARTON, BERNE L	
STREET ADDRESS	3200 BAILEY LANE STE 162	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BARTON, WILLIAM L	
STREET ADDRESS	3200 BAILEY LANE STE 162	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barton, Berne L	
STREET ADDRESS	3785 Airport Rd. Suite A	
CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Talbot, Christopher	
STREET ADDRESS	3785 Airport Rd. Suite A	
CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Berne Barton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Berne L. Barton-President

4-24-01

Date

941-643-1934

Daytime Phone #

CR2034 (10/00)