

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51616

1. Entity Name

ALLIANCE INVESTMENT GROUP, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90024 002 ***150.00

Principal Place of Business

Mailing Address

620 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

620 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701-6834
US

2. Principal Place of Business

3764 S. Rio Grande Ave
Suite, Apt. #, etc.

3. Mailing Address

3764 S. Rio Grande Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3142587

Applied For

Not Applicable

Zip

32839

Country

USA

Zip

32839

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLING, ALICE
620 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME LONG, DOUGLAS
STREET ADDRESS 620 MAITLAND AVE
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE D ☐ Delete
NAME VRATANINA, JEFFREY
STREET ADDRESS 620 MAITLAND AVE
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE ST ☐ Delete
NAME KLING, ALICE
STREET ADDRESS 620 MAITLAND AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT + Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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: *Alice Kling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

407-767-8170

Daytime Phone #

CR2E034 (9/99)