

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756467

1. Entity Name

ATLANTIS IE, A CONDOMINIUM, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90085 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2919-C PAR LANE  
 TALLAHASSEE FL 32301

2919-C PAR LANE  
 TALLAHASSEE FL 32301-6837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2261297

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CINDI  
 2919-A PAR LANE  
 TALLAHASSEE FL 32301

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME ~~BYARS, PAT~~  
 STREET ADDRESS 2919 C PAR LN  
 CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE  Change  Addition  
 NAME **TREASURERS**  
 STREET ADDRESS **ASAL, Glenda + K.S.**  
 CITY-ST-ZIP **(same as 10)**

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **DAVIS, JULIUS**  
 CITY-ST-ZIP **2919-D PAR LANE**  
**TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PTD**  
 STREET ADDRESS **MADDRON, DWAYNE**  
 CITY-ST-ZIP **2919-B PAR LANE**  
**TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
 STREET ADDRESS **BROWN, CINDI**  
 CITY-ST-ZIP **2919-A PAR LANE**  
**TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cynthia (Cindi) Brown*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CYNTHIA (CINDI) BROWN**

4-3-00 850/216-2131  
 Date Daytime Phone #

CR2E037 (9/99)