

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90035 021 ****61.25

DOCUMENT # 756467

1. Entity Name

ATLANTIS IE, A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**2919-C PAR LANE
 TALLAHASSEE FL 32301**

**2919-C PAR LANE
 TALLAHASSEE FL 32301**

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 **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 | T | <input type="checkbox"/> Delete |
| NAME | ASAL, GLENDA KS | |
| STREET ADDRESS | 2919 C PAR LN | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DAVIS, JULIUS | |
| STREET ADDRESS | 2919-D PAR LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | MADDON, DWAYNE | |
| STREET ADDRESS | 2919-B PAR LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BROWN, CINDI | |
| STREET ADDRESS | 2919-A PAR LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Glenda K Asal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2002

Date Daytime Phone #

CR2E037 (9/01)