

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27150

1. Entity Name
ATLANTIC BEACH CLUBS-TWO, INC.

Principal Place of Business

% BILL ULLMAN
P O BOX 22684
FT LAUDERDALE FL 33335

Mailing Address

% BILL ULLMAN
P O BOX 22684
FT LAUDERDALE FL 33335

2. Principal Place of Business

4060 Galt Ocean Dr

Suite, Apt. #, etc.

City & State
FL, Florida 33308

Zip

33308

Country

USA

3. Mailing Address

3255 NE 184TH St

Suite, Apt. #, etc.

#12114

City & State

Aventura, Florida

Zip

33160

Country

USA

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90053 047 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0062407

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ULLMAN, BILL
1 S.E. THIRD AVENUE
2660 AMERFIRST BLDG.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name David Nice

Street Address (P.O. Box Number is Not Acceptable)

3255 NE 184TH St

Apt. # 12114

City Aventura

FL

Zip Code

33160

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 DJ Nice

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

(NOTE: Registered Agent Signature required when reinstating)

08/21/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME HARRISON, JAMES V.
STREET ADDRESS 3700 GALT OCEAN DR.
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☒ Delete

TITLE VP
NAME GOCKE, MIKE
STREET ADDRESS 3700 GALT OCEAN DR
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME David J. Nice
STREET ADDRESS 3255 NE 184TH St. Apt # 12114
CITY-ST-ZIP Aventura, FL 33160 ☐ Change ☒ Addition

TITLE V
NAME Yansett Nice
STREET ADDRESS 3255 NE 184TH St Apt # 12114
CITY-ST-ZIP Aventura, FL 33160 ☐ Change ☒ Addition

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

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

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

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

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 REQUIRED David Nice

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/01 954-658-2387

Date

Daytime Phone #

0118208 A1

CR2E034 (5/01)