

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90022 026 ***150.00

DOCUMENT # L88008

1. Entity Name
THE ATLANTIC COQUINA CORPORATION

Principal Place of Business
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

Mailing Address
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

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 **59-3017632**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINSON, LYNN JAMES
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803

Name
DEAN MEAD SERVICES, LLC
Street Address (P.O. Box Number is Not Acceptable)
800 NORTH MAGNOLIA AVENUE
SUITE 1500
City **ORLANDO** **FL** **Zip Code** **32803**

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.
DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., AS THE SOLE MEMBER OF
DEAN MEAD SERVICES, LLC By: *[Signature]* **04/23/02**
 SIGNATURE **LYNN J. HINSON, VICE PRES.** 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	BEAUREGARD, RAYMOND M	
STREET ADDRESS	2261 LAFAYETTE AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HEALY, STEPHEN J.	
STREET ADDRESS	11290 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEALY, DEBRA J	
STREET ADDRESS	11290 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, STEPHEN J.	
STREET ADDRESS	11290 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, DEBRA J.	
STREET ADDRESS	11290 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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: *[Signature]*
DEBRA J. HEALY, SECRETARY

04/22/02

321-777-9302

Date

Daytime Phone #

CR2E034 (9/01)