

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013969 AF

**DOCUMENT #** L96000000825  
**1. Entity Name**  
 UNION ATLANTIC, LC

**FILED**  
 01 JUL 12 AM 8 47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 C/O HINSON, MARIN, POWELL ET AL.  
 3300 PGA BLVD., #810  
 PALM BEACH GARDENS FL 33410

**Mailing Address**  
 C/O HINSON, MARIN, POWELL ET AL.  
 3300 PGA BLVD., #810  
 PALM BEACH GARDENS FL 33410

**2. Principal Place of Business**  
 3010 N. MILITARY TRAIL  
 Suite, Apt. #, etc.  
 SUITE 300

**3. Mailing Address**  
 3010 N. MILITARY TRAIL  
 Suite, Apt. #, etc.  
 SUITE 300

**City & State**  
 BOCA RATON, FL

**City & State**  
 BOCA RATON, FL

**Zip**  
 33431

**Country**  
 USA

**4. FEI Number** 65-0687488

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 HIXSON, MARIN, POWELL & DE SANCTIS  
 3300 PGA BLVD  
 SUITE 810  
 PALM BEACH GARDENS FL 33410

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

600004483976--3  
 -07/18/01--01023--022  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GENESIS PARTNERS, INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TIM MAHONEY D/B/A HIGHLANDS GROUP 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leonard J. Skolow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2458 Provence Court Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy Mahoney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 68 Cayman Place Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Sean Moody* Date: 4/14/01 (561) 981-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CPRE083 (11/00)