

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002122**

1. Entity Name

UNION ATLANTIC CAPITAL, L.C.

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1401 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131	1401 BRICKELL AVENUE, SUITE 660 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3010 N. Military Trail Suite, Apt. #, etc. Suite 300	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	Applied For
65-0870867	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, STEVE
1401 BRICKELL AVE., STE. 660
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **D. Carr Moody**
Street Address (P.O. Box Number is Not Acceptable):
3010 N. Military Trail, Suite 300
City: **Boca Raton FL** Zip Code: **33431**

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: *D. Carr Moody* DATE: **4/4/01**

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

700004341727--1
-06/05/01--01050--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBS, STEVEN C 1401 BRICKELL AVENUE, SUITE 660 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul T. Mannion 1215 Hightower Trail, B220 Atlanta, GA 30350 <input type="checkbox"/> Change <input checked="" 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
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: *D. Carr Moody* DATE: **4/4/01** (561) 981-1020

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