

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90365 001 *1,650.00

DOCUMENT # P98000076452

1. Entity Name

ATLAS FORREST CITY CENTER, INC.

Principal Place of Business

**2521 COUNTY RD 415 A
 SANFORD FL 32771**

Mailing Address

**2521 COUNTY RD 415 A
 SANFORD FL 32771**

2. Principal Place of Business

2521 S.R. 415

3. Mailing Address

2521 S.R. 415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-3575011

Applied For

☐ Not Applicable

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BERGMANN, ROLF
 2521 COUNTY RD 415A
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **BERGMANN, ROLF**
 Street Address (P.O. Box Number is Not Acceptable)
2521 S.R. 415
 City **SANFORD** FL Zip Code **32771**

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

4-25-02

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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHEVELING, MARTIN J 414 FAIRWAY DR WAYNESVILLE NC 28786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGMANN, ROLF 2521 COUNTY RD 415A SANFORD FL 32771	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

ROLF BERGMANN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRES. 4-25-02 407-328-8285

CR2E034 (9/01)