

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02676

1. Entity Name

LE ATLANTICO CONDOMINIUM ASSOC., INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90074 022 \*\*\*\*61.25

Principal Place of Business

1404 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

Mailing Address

1404 N. ATLANTIC AVENUE  
UNIT 6  
DAYTONA BEACH FL 32118-3544

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

59-2495464

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

THE REAL ESTATE SHOPPE  
374 SO. ATLANTIC AVE  
ORMOND BEACH FL 32176

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

JEAN T. WHALEY/BROKER

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

(NOTE: Registered Agent signature required when reinstating)

*Jean T. Whaley*

1-19-00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BREARTON, JAMES	
STREET ADDRESS	9 BRENTWOOD AVENUE	
CITY-ST-ZIP	TROY NY 12180	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIESEL, EDWARD JR	
STREET ADDRESS	2630 INDUSTRIAL PARK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILNE-GOETZ, RAE	
STREET ADDRESS	1407 ARTHUR ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROSS, WALTER	
STREET ADDRESS	BOX 283 A-HILLTOP RD.	
CITY-ST-ZIP	EAST GREENBUSH NY 12061	
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	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY CRAVENS	
STREET ADDRESS	10098 W. 147TH	
CITY-ST-ZIP	ORLAND PARK, IL 60462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDIGIESEL JR. RE...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

904-258-9776

Daytime Phone #

CR2E037 (9/99)