

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90045 044 ****61.25

DOCUMENT # 743513

1. Entity Name

THE ATLANTIS BUILDING B CONDOMINIUM ASSOCIATION.

Principal Place of Business

Mailing Address

10152 SOUTH OCEAN DR.
 JENSEN BEACH FL 34957

10152 SOUTH OCEAN DR.
 JENSEN BEACH FL 34957-2563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1997824

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

RUDD, ENID
10152 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957

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

Enid Rudd

Feb. 7, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

CHK 54.60 - 23-00

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	P	<input type="checkbox"/> Delete
NAME	NAVARRE, JOHN L	
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REUSS, KENNETH J	
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUDD, ENID	
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMSON, ROBERT	
STREET ADDRESS	10152 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANFIELD, FRANK	
STREET ADDRESS	10152 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL	
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		<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		
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)