

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31136**

1. Entity Name

**ATRIUM ASSOCIATES OF PINELLAS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21

Principal Place of Business

**3040 GULF TO BAY BLVD #205  
CLEARWATER F: 33759**

Mailing Address

**3040 GULF TO BAY BLVD #205  
CLEARWATER F: 33759-4318**



2. Principal Place of Business

**2915 SR 590**

3. Mailing Address

**2915 SR 590**

Suite, Apt. #, etc.

**Suite 21**

Suite, Apt. #, etc.

**Suite 21**

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

4. FEI Number

**59-3050319**

Applied For

Not Applicable

Zip

**33759**

Country

**USA**

Zip

**33759**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**QUEEN, GARY F  
2915 SR 590  
SUITE 21  
CLEARWATER FL 33759**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$100,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P13599**  
NAME **NORTHERN SALINE, INC.**  
STREET ADDRESS **24715 FIVE MILE ROAD**  
CITY - ST - ZIP **REDFORD MI 48239**

DOCUMENT # **ROGAL, RAYMOND J.**  
NAME **788 W LINCOLN**  
STREET ADDRESS **BIRMINGHAM MI 48009**  
CITY - ST - ZIP

DOCUMENT # **QUEEN, GARY F TRUSTEE**  
NAME **2915 SR 590, SUITE 21**  
STREET ADDRESS **CLEARWATER FL 33759**  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**200003156012--9  
-03/03/00--01020--001**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Gary F. Queen, Trustee**

**2/18/00**

**796-7123**

Date

Daytime Phone #

CR2E003 (9/99)