

**2000 UNIFORM BUSINESS REPORT (UBR)**

1/25

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90105 023 \*\*\*\*61.25

**DOCUMENT # 741222**

1. Entity Name

**THE ATLANTIS BUILDING A CONDOMINIUM ASSOCIATION,**

Principal Place of Business

Mailing Address

10102 SO. OCEAN DR.  
 ATLANTIS OFFICE BOX.  
 JENSEN BEACH FL 34957

10102 SO. OCEAN DR.  
 ATLANTIS OFFICE BOX  
 JENSEN BEACH FL 34957-2562

80007228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1986936

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOARD OF DIRECTORS "A"**  
 10102 S OCEAN DR  
 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

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**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	LIEBING, HOWARD	
STREET ADDRESS	10102 S A1A #710	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	<b>TS D</b>	<input type="checkbox"/> Delete
NAME	ROSS, SHIRLEY	
STREET ADDRESS	10102 S OCEAN DR STE 403	
CITY-ST-ZIP	JENSEN BEACH FL 34907	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KATHY A	
STREET ADDRESS	10102 S OCEAN DR #304	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	MARMION, ALAN	
STREET ADDRESS	10102 S OCEAN DR STE 702	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	DALY, TOM	
STREET ADDRESS	10102 S OCEAN DR #509	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George GRIGAS	
STREET ADDRESS	10102 S. A1A #401	
CITY-ST-ZIP	Jensen Beach FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Sec</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty RINGO	
STREET ADDRESS	10102 S. A1A #305	
CITY-ST-ZIP	Jensen Beach FL.	
TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE EDWARDS	
STREET ADDRESS	10102 S. A1A #308	
CITY-ST-ZIP	Jensen Beach FL.	
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

1-20-2000

Date

Daytime Phone #