

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02676

1. Entity Name

LE ATLANTICO CONDOMINIUM ASSOC., INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90235 006 ****61.25

00016190



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1404 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118	1404 N. ATLANTIC AVENUE UNIT 6 DAYTONA BEACH FL 32118

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2495464	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address **Ed Giesel, Jr.**
1404 N. Atlantic Ave. Unit 6
Daytona Beach, FL 32118
City 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 ED GIESEL JR (MANAGER) Ed Giesel Jr. 1-24-01
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Whitlow, Chuck 416 Lakeview Drive Mayfield, KY 42066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Cravens, Judy 10098 W. 147th Street Orland Park, IL 60462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Schoelles, David 2444 Landover Blvd. Spring Hill, FL 34608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cross, Walter Box 35 Hilltop Road East Greenbush, NY 12061 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles Whitlow 1-24-01 904-258-9776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)