

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 357337

1. Entity Name

ATLAS SUGAR CORPORATION

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90322 031 \*\*\*150.00

Principal Place of Business  
JOHN TIEDTKE  
ROLLINS COLLEGE  
WINTER PARK FL 32789

Mailing Address  
JOHN TIEDTKE  
ROLLINS COLLEGE  
WINTER PARK FL 32789

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 59-1286209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TIEDTKE,JOHN  
ROLLINS COLLEGE  
WINTER PARK FL 32789

## 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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	FIGLIOLIA, CLAIR	
STREET ADDRESS	315 HOLT AVE	
CITY-ST-ZIP	WINTER PK, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRISMEN, RICHARD F	
STREET ADDRESS	213 W COMSTOCK AVE.	
CITY-ST-ZIP	WINTER PK, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, MARJORIE A.	
STREET ADDRESS	213 W. COMSTOCK AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TIEDTKE, JOHN	
STREET ADDRESS	315 HOLT AVE	
CITY-ST-ZIP	WINTER PK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-01 407-646-2110

CR2E034 (10/00)