

# 2000 UNIFORM BUSINESS REPORT (UBR)

00000000

DOCUMENT # 445290

1. Entity Name

GREAT ATLANTIC OF FLORIDA, INC.

FILED

00 MAY -5 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11745

Principal Place of Business

Mailing Address

2 EATON STREET, SUITE #1100  
HAMPTON VA 23669

2 EATON STREET, SUITE #1100  
HAMPTON VA 23669-4094

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

54-0955605

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

KELLY, WILLIAM  
6301 BISCAYNE BLVD.  
SUITE 100  
MIAMI FL 33138

Name

Gail Bronson

Street Address (P.O. Box Number is Not Acceptable)

6301 Biscayne Blvd.

Suite 100

City

Miami

FL

Zip Code

33138

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT ☐ Delete  
NAME JOSEPH, EDWIN A.  
STREET ADDRESS 2 EATON STREET, STE 1100  
CITY-ST-ZIP HAMPTON VA 23669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME LAYNE, AUBREY L JR  
STREET ADDRESS 2 EATON STREET, SUITE 1100  
CITY-ST-ZIP HAMPTON VA 23669

TITLE ☐ Change ☐ Addition  
NAME 700003259887  
STREET ADDRESS -05/19/00--01091--004  
CITY-ST-ZIP \*\*\*\*\*458.05 \*\*\*\*\*158.05

TITLE AS ☒ Delete  
NAME KELLY, WILLIAM  
STREET ADDRESS 6301 BISCAYNE BLVD., SUITE 100  
CITY-ST-ZIP MIAMI FL 33138

TITLE AS ☐ Change ☒ Addition  
NAME Gail Bronson  
STREET ADDRESS 6301 Biscayne Blvd., Suite 100  
CITY-ST-ZIP Miami, FL 33138

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Byrne, Joseph P.  
STREET ADDRESS 2 Eaton Street Suite 1100  
CITY-ST-ZIP Hampton, VA 23669

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 19/99