

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754022

1. Entity Name

ATLANTIS IB, A CONDOMINIUM, INC.

Principal Place of Business

2869 PAR LN STE A
TALLAHASSEE FL 32301
US

Mailing Address

2869 PAR LN STE A
TALLAHASSEE FL 32301
US

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

59-2133589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONE, ROBERT
2869A PAR LN
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name LAURIN A. WOOLAN JR.

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

2869 D PAR LANE

TALLAHASSEE

City

FL

Zip Code

32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

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

TITLE PD *WOOLAN* ☐ Delete
NAME *(WOOLAN) LAURIN A JR.*
STREET ADDRESS 2869 D PAR LANE
CITY-ST-ZIP TALLAHASSEE FL-32301

TITLE D ☒ Delete
NAME CHANDLER, ADAM
STREET ADDRESS 1222 FOREST HILL DR
CITY-ST-ZIP HENDERSONVILLE FL 38791

TITLE M ☒ Delete
NAME BONE, ROBERT
STREET ADDRESS 2869 A PAR LN
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D and VP ☒ Delete
NAME COOPER, BARBARA
STREET ADDRESS 2869 B PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE STD ☒ Delete
NAME LYTTLE, BRUCE
STREET ADDRESS 6802 WALDEN CIR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY-TREASURER ☐ Change ☒ Addition
NAME JEAN WARNER
STREET ADDRESS 2869 D PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DIRECTOR ☐ Change ☒ Addition
NAME JOHN COOPER
STREET ADDRESS 2869 D PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D + VP ☒ Change ☐ Addition
NAME BARBARA COOPER
STREET ADDRESS 2869 B PAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32301

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

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

TITLE ☐ Change ☐ 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 5-1-01 DAYTIME PHONE # 450-878-4341

00047231



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)