

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 821398**

1. Entity Name

ATLANTIC RESEARCH CORPORATION**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90328 012 ***150.00

Principal Place of Business

**5945 WELLINGTON RD
GAINESVILLE VA 20155
US**

Mailing Address

**5945 WELLINGTON RD
GAINESVILLE VA 20155
US**

2. Principal Place of Business

3. Mailing Address

El Segura Corp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*3 University Plaza
Hackensack, NJ*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-0839141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	BIENDL, BARBARA F.	9451 WEATHERSFIELD DRIVE	BRISTOW VA 20136	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VPD	JENKINS, PATRICK J	102 WINDOVER AVENUE	VIENNA VA 22180	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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PDC	SIDES, JAMES R.	11133 TATTERSALL TRAIL	OAKTON VA	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	QUICKE, JOHN J	200 PARK AVENUE	NEW YORK NY 10166	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	ALEXANDER, NORMAN E.	200 PARK AVENUE	NEW YORK NY 10166	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	KRINSLY, STUART Z.	200 PARK AVENUE	NEW YORK NY 10166	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 (10/00)