

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000878

1. Entity Name
ATLANTIS HOTEL GROUP, LTD.



FILED
03 JUL 21 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 ATLANTIC BLVD.
NEPTUNE BEACH FL 32266

Mailing Address
1401 ATLANTIC BLVD.
NEPTUNE BEACH FL 32266



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3747701

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NEMESIS HOTEL MANAGEMENT, LLC
1401 ATLANTIC BLVD.
NEPTUNE BEACH FL 32266

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L01000000672
NAME NEMESIS HOTEL MANAGEMENT, LL
STREET ADDRESS 1401 ATLANTIC BLVD.
CITY-ST-ZIP NEPTUNE BEACH FL 32266

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

400015488134

07/21/03 01007-021 **476.25

04/08/03 01009-021 **50.00

BK

400015488134

07/21/03-01007--028 **476.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

04/05/03 (904) 249 2777

Date

Daytime Phone #

CR2E003 (10/02)

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