

# 2000 UNIFORM BUSINESS REPORT (UBR)

00:0098 AF

DOCUMENT # **A96000001083**

1. Entity Name

**ATLANTIS VENTURE INVESTMENT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3: 05

Principal Place of Business

20 GOLF VIEW DR.  
OCALA FL 34472

Mailing Address

P.O. BOX 830037  
OCALA FL 34483-0037



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3387688**

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

**FUNK, RAINER "RAY" D**  
**20 GOLF VIEW DR.**  
**OCALA FL 34472**

Name

**David M. Harden**

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

**580 S.W. 48th Lane**

City

**Ocala**

**FL**

Zip Code  
**34474**

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

*David M. Harden* Pres. **David M. Harden**

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

(NOTE: Registered Agent signature required when reinstating)

**4/20/00**

DATE

9. Capital Contributions  
as Shown on record.

**\$5,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 # **P95000017900**  
NAME **ATLANTIS FINANCIAL SERVICES, INC.**  
STREET ADDRESS **20 GOLF VIEW DR.**  
CITY-ST-ZIP **OCALA FL 34472**

STREET ADDRESS

CITY-ST-ZIP

**5800003256905-0**  
**-05/18/00--01024--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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CITY-ST-ZIP

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:

*David M. Harden* **DAVID M. HARDEN PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/20/00**

**352-687-8580**