

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001860

1. Entity Name

ATCO GROUP IV, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

931 W. OAK STREET, SUITE 105
KISSIMMEE FL 34741

Mailing Address

P.O. BOX 422557
KISSIMMEE FL 34742-2557

2. Principal Place of Business

102 PARK PLACE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE B-3

City & State

KISSIMMEE, FL 34741

City & State

4. FEI Number

59-3402548

Applied For

Not Applicable

Zip

34741

Country

OSCEOLA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUKEMA, KENNETH E
2425 ROAT DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

400,000.00

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

DOCUMENT # P96000081745
NAME TOWN LOOP GROUP, INC.
STREET ADDRESS 931 W. OAK STREET, SUITE 105
CITY - ST - ZIP KISSIMMEE FL 34741

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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:

Cynthia M. Nugent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00
Date

407-933-2652
Daytime Phone #

CP21 000 (9/99)

017973