

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013307 AF

DOCUMENT # **A97000000191**

1. Entity Name

**ATLANTIC COURT, LTD.**

Principal Place of Business

Mailing Address

**3037 BUCKRIEGE TRAIL  
LOXAHATCHEE FL 33470**

**P.O. BOX 885  
LOXAHATCHEE FL 33470**

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

**65-0736250**

Applied For

Not Applicable

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

**PFERDEKAEMPER, HORST EWALD  
3037 BUCKRIDGE TRAIL  
LOXAHATCHEE FL 33470**

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)* **(PFERDEKAEMPER)**

**01-30-01**

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.

**\$1,400.00**

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 # **S63886**  
NAME **T.H.C. FINANCIAL SERVICES, INC.**  
STREET ADDRESS **3037 BUCKRIDGE TRAIL, BOX 885**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

STREET ADDRESS

CITY-ST-ZIP

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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:

*(Signature)* **SIGNATURE REQUIRED**

**01-30-01**

**(561) 753-0819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

*(Handwritten)*  
**FILED**  
**01 FEB -2 AM 10:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE