

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000191**

1. Entity Name

ATLANTIC COURT, LTD.

FILED

02 JAN 16 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2002

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 *same*

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

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

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CITY-ST-ZIP

**100004790501--2
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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

T.H.C. Financial Services, Inc

SIGNATURE: *[Signature]* **SIGNATURE/PFERDEKAEMPER P/S/T**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-12-02 (561) 753 0819

Date

Daytime Phone #

STAPLE CHECK HERE

11/15/01 00:00:00