

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000756

1. Entity Name
Atlantic LTD.

FILED
00 FEB -7 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
323 WICKLINE BLVD
LANTANA FL 33462

Mailing Address
323 WICKLINE BLVD
LANTANA FL 33462-3162



2. Principal Place of Business
6555 GARDEN RD.
Suite, Apt. #, etc.
Bay #16

3. Mailing Address
6555 GARDEN RD.
Suite, Apt. #, etc.
Bay #16

DO NOT WRITE IN THIS SPACE

City & State
RIVIERA BEACH, FL.

City & State
RIVIERA BEACH, FL.

Zip
33404

Country
PALM BEACH

Zip
33404

Country
PALM BEACH

4. FEI Number
65-093556

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELLIS, ARVO
323 WICKLINE BLVD
LANTANA FL 33462

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,500.00**

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 # P99000042012	NAME GREEN TOUR, INC.	STREET ADDRESS 600003130196--7	
STREET ADDRESS 323 WICKLINE BLVD		CITY - ST - ZIP -02/03/00--01093--013	
CITY - ST - ZIP LANTANA FL 33462		****149.75 **** 149.75	
DOCUMENT #	NAME	STREET ADDRESS	
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CITY - ST - ZIP			

14. I hereby certify that the information supplied with this report 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 20, Florida Statutes

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **01.18.00.** Daytime Phone #

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C...E003 (9/99)