

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90184 044 \*\*\*150.00

**DOCUMENT # F97000002558**

1. Entity Name

**ATLANTIC FINANCIAL MANAGERS, INC.**

Principal Place of Business

**1000 BALLPARK WAY, STE 304  
 ARLINGTON TX 76011**

Mailing Address

**1000 BALLPARK WAY, STE 304  
 ARLINGTON TX 76011**

**B0057257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2808 Fairmount**

Suite, Apt. #, etc.

**Suite 250, LB9**

City & State

**Dallas, TX**

Zip

**75201**

Country

**USA**

3. Mailing Address

**2808 Fairmount**

Suite, Apt. #, etc.

**Suite 250, LB9**

City & State

**Dallas, TX**

Zip

**75201**

Country

**USA**

4. FEI Number **75-2637933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
 NAME **BROOKSHIRE, STEPHEN S**  
 STREET ADDRESS **1000 BALLPARK WAY, STE 304**  
 CITY-ST-ZIP **ARLINGTON TX**

TITLE **D** ☐ Delete  
 NAME **REILLY, MICHAEL A**  
 STREET ADDRESS **1000 BALLPARK WAY, STE 304**  
 CITY-ST-ZIP **ARLINGTON TX**

TITLE **V** ☐ Delete  
 NAME **REILLY III, T W**  
 STREET ADDRESS **1000 BALLPARK WAY, STE 304**  
 CITY-ST-ZIP **ARLINGTON TX**

TITLE **S** ☐ Delete  
 NAME **BRAWNER, JEFFREY B**  
 STREET ADDRESS **2311 CEDAR SPRINGS, STE 150**  
 CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2808 Fairmount, Suite 250, LB9**  
 CITY-ST-ZIP **Dallas, TX 75201**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2808 Fairmount, Suite 150, LBS**  
 CITY-ST-ZIP **Dallas, TX 75201**

TITLE ☐ Change ☒ Addition  
 NAME **Director of Finance and Admin. Patricia W. Keith**  
 STREET ADDRESS **2808 Fairmount, Suite 250, LB9**  
 CITY-ST-ZIP **Dallas, TX 75201**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE

**Patricia W. Keith Vice President** 4/19/01 214-303-1653 ext 101  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)