

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90081 009 ***150.00

DOCUMENT # F99000003201

1. Entity Name

ATLAS ADMINISTRATORS, INC.

Principal Place of Business

**916 SOUTH CAPITAL OF TEXAS HWY
AUSTIN TX 78746**

Mailing Address

**7301 NORTH 16TH ST.. STE 201
PHOENIX AZ 85020**

2. Principal Place of Business

916 South Capital of TX Hwy.
Suite, Apt. #, etc.

3. Mailing Address

7301 N. 16th Street
Suite, Apt. #, etc.
Suite 201

DO NOT WRITE IN THIS SPACE

City & State

Austin, TX

City & State

Phoenix, AZ

4. FEI Number

74-2717910

Applied For

Not Applicable

Zip
78746Country
USAZip
85020Country
USA5. 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BOGLE, GEORGE E 916 SOUTH CAPITOL OF TEXAS HWY AUSTIN TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, W J 916 SOUTH CAPITOL OF TEXAS HWY AUSTIN TX <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINBERGER, RICHARD 916 SOUTH CAPITOL OF TEXAS HWY AUSTIN TX <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, KELLY 7301 NORTH 16TH STREET, STE 201 PHOENIX AZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARA, WENDY L 7301 N 16TH ST., STE 201 PHOENIX AZ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George E. Bogle 916 South Capitol of TX Hwy. Austin, TX 78746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Joseph Manzello 916 South Capitol of TX Hwy. Austin, TX 78746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CFO Richard Weinberger 916 South Capitol of Texas Hwy. Austin, TX 78746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Donna Smith 916 South Capitol of TX Hwy. Austin, TX 78746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G. Michael Bogle 7301 N 16th Street, Suite 201 Phoenix, AZ 85020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Shirley Parks 7301 N. 16th Street, Suite 201 Phoenix, AZ 85020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)