

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003508

1. Entity Name  
HOME ATLANTIC REALTY CORP.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90176 005 \*\*\*150.00

Principal Place of Business Mailing Address  
P.O. BOX 429 P.O. BOX 429  
SHELTER ISLAND HEIGHTS NY 11965 SHELTER ISLAND HEIGHTS NY 11965

00010597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
City & State

3. Mailing Address Suite, Apt. #, etc.  
City & State

4. FEI Number **13-3789673** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLEMENTE, ANDREA**  
**25 NORTH SHORE DR # 43**  
**MIAMI BEACH FL 33141**

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 **ANDREW CLEMENTE** 1-19-01  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HEIMANN, ROBERT G</b>		NAME		
STREET ADDRESS	<b>10 GRAND AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SHELTER ISLAND HEIGHTS NY 11965</b>		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HEIMANN, ELISABETH</b>		NAME		
STREET ADDRESS	<b>7227 BAY DR # 29</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 supplement to 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: **ROBERT HEIMANN** 1-19-01 631-749-2511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (10/00)