## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # G21960** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name ATLANTIC BUILDERS, INC. 04-21-2000 90083 001 \*\*\*450.00 Principal Place of Business Mailing Address 7800 BELFORT PKWY., SUITE 200 7800 BELFORT PKWY., SUITE 200 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-6920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2331345 Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ASH, WILLIAM J III Street Address (P.O. Box Number is Not Acceptable) 7800 BELFORT PKWY., SUITE 200 JACKSONVILLE FL 32256 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Delete TITLE TITLE ☐ Change ☐ Addition ASH, WILLIAM J NAME NAME STREET ADDRESS 7800 BELFORT PKWY #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE ☐ Change ☐ Addition ☐ Delete TITLE LANIUS, WILLIAM R NAME NAME 7800 BELFORT PKWY #200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP JACKSONVILLE FL 32256 ☐ Addition ☐ Delete ☐ Change TITLE TITLE HOURITHAN, JOHN D-NAME -NAME STREET ADDRESS 7800 BELFORT PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 **VPS** ☐ Delete ☐ Change ☐ Addition TITLE ZICH, JONATHAN D NAME NAME 7800 BELFORT PKWY #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE Change ☐ Addition TITLE J. THOMAS GILLETTE HICKORY NAME NAME 7800 Belfort Pkwy # 200 STREET ADDRESS STREET ADDRESS Jacksonville Pl CITY-ST-ZIP CITY-ST-ZIP ☐ Change · ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

PANCINA APRIL A SINVIBLAM LANUS

4/14/00

394-1900

Daytime Phone #