

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90137 046 \*\*\*150.00

**DOCUMENT # J19064**

1. Entity Name

**ATLANTIC MARKETING REALTY, INC.**

Principal Place of Business

**8669 COMMODITY CIRCLE  
STE 200  
ORLANDO FL 33309  
US**

Mailing Address

**8669 COMMODITY CIRCLE  
ORLANDO FL 33309  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 300*

Suite, Apt. #, etc.

*Suite 300*

City & State

City & State

Zip

*32819*

Country

Zip

*32819*

Country

4. FEI Number

**59-2684385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUMENY, MARCEL J  
% FAIRFIELD COMMUNITIES, INC.  
8669 COMMODITY CIRCLE, SUITE 200  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

**1200 SOUTH PINE ISLAND ROAD**

City

**ORLANDO**

FL

Zip Code

**33324**

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

*Registered Agent change  
Was filed 12/29/00*

(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 NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCONNELL, JOHN W 8669 COMMODITY CIRCLE ORLANDO FL 33309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HANNING, FRANZ 8669 COMMODITY CIRCLE ORLANDO FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DUMENY, MARCEL J 8669 COMMODITY CIRCLE ORLANDO FL 33309 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWETH, ROBERT W 11001 EXECUTIVE CENTER DR LITTLE ROCK AR 72211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNETT, WILLIAM J 8669 COMMODITY CIRCLE ORLANDO FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT & DIRECTOR BERK, JAMES G. 8669 COMMODITY CIRCLE ORLANDO FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8669 COMMODITY CIRCLE ORLANDO FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary WALTON, ANNA 8669 COMMODITY CIRCLE ORLANDO FL 32819 <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

**WILLIAM J. BENNETT**

**1/04/01**

**501-228-2700**

Date

Daytime Phone #

CR2E034 (10/00)

0481503