

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54353

1. Entity Name
GREAT ATLANTIC REALTY, INC.

R

Principal Place of Business
2265 ST. JOHNS BLUFF ROAD SOUTH
JACKSONVILLE FL 32246
US

Mailing Address
2265 ST. JOHNS BLUFF RD. S.
JACKSONVILLE FL 32246
US

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90009 014 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2774790

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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

CLARK, GARY M.
334 PEREGRINE CT.
JACKSONVILLE FL 32225

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CLARK, GARY M. 334 PEREGRINE CT. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DH# 554353
DW7/886



GREAT ATLANTIC REALTY INC.

2265 ST. JOHNS BLUFF ROAD S. • JACKSONVILLE, FL 32246 • (904) 620-8181 • (904) 620-9081

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

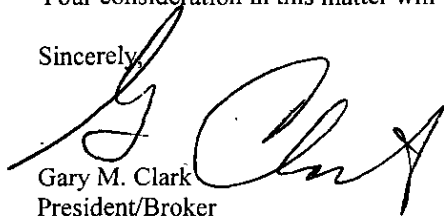
Re: FEI No. 59-2774790

Dear Sirs:

We are in receipt of your 2000 Uniform Business Report form, marked 2nd. Notice. We have never received the first notice. Great Atlantic Realty, Inc. has been in business for 14 years and has never failed to respond to our filing in a timely manner. In light of this, we would appreciate it if you will accept this filing with our check for \$150.00 and consider Great Atlantic Realty, Inc. filed properly.

Your consideration in this matter will be greatly appreciated.

Sincerely,



Gary M. Clark
President/Broker