## **DOCUMENT # J54353**

1. Entity Name

GREAT ATLANTIC REALTY, INC.

Principal Pla	ice of Business	Mailing Address				
2265 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE FL 32246 US		2265 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32246 US		<b>9</b> ( 4	740	
<u> </u>				T A BORREN BRON BRUK BIBAR HERBE BENGBARKE BARE BERKE BERKE BERKE	818)( 1(8)) 6(8)) (81)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPAC	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-2774790	Applied For Not Applicable	
Zip	Country	Zip	Country		75 Additional Required	
·	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
	•		Name	Name		
CLARK, GARY M.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
334 PEREGRINE CT.			Street Address	officer Address (1.0. Box Number 15 Not Acceptable)		
JAC	KSONVILLE FL 32225					
			City	FL Zip Code		
8. The above	·	•	ts registered office or registe	ered agent, or both, in the State of Florida.		
O This core		EILE NOV	V!!! FEE IS \$150.00			
			2001 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be		
(See criteria on back)		· · · · · · · · · · · · · · · · · · ·	able to Department of St	ate Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		hange	
NAME	CLARK, GARY M.		NAME			
STREET ADDRESS	334 PEREGRINE CT.		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		thange Addition	
STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP		*	CITY-ST-ZIP			
TITLE		□ Delete	TITLE		hange	
NAME		-	NAME	A CONTRACTOR OF THE STATE OF TH		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	□ C	hange	
NAME STREET ADORESS			NAME STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE		hange	
NAME	1	FT Delete	NAME	□v	Image Addition	
STREET ADDRESS			STREET ADDRESS			

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 optrustee 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 addrese, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

☐ Change

☐ Addition