

2001 UNIFORM BUSINESS REPORT (UBR)

0005384
AT

DOCUMENT # L00000002596

1. Entity Name
ATLAS CAPITAL, LLC

FILED

2001 MAY -2 PM 4:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
111 NORTH ORANGE AVENUE, SUITE 1525
ORLANDO FL 32801

Mailing Address
111 NORTH ORANGE AVENUE, SUITE 1525
ORLANDO FL 32801

2. Principal Place of Business
324 Clayton St.
Suite, Apt. #, etc.

3. Mailing Address
60 Robert Renneker
Suite, Apt. #, etc.
324 Clayton St.

City & State
DENVER, CO

City & State
DENVER, CO

Zip Country
80206 USA

Zip Country
80206 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3629817

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, SUSAN A
111 NORTH ORANGE AVENUE, SUITE 1525
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
DENNIS BENIMOFF

Street Address (P.O. Box Number is Not Acceptable)
11861 N.W. 34th PLACE

City
SUNRISE FL Zip Code
33323

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 Dennis Benimoff CPA 4/26/01
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & CEO Robert Renneker 324 Clayton St. DENVER, CO 80206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004336660-8 -05/31/01--01088--006 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dennis Benimoff 4/29/01 323-316-7319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)