

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007198

1. Entity Name
GOP CLUB, LLC

FILED

01 APR 26 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
101 EAST KENNEDY BOULEVARD, SUITE 3300- 101 EAST KENNEDY BOULEVARD, SUITE 3300-
TAMPA FL 33602 TAMPA FL 33602

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. 3925 Suite, Apt. #, etc. 3925

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3661882 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, BRAD
101 EAST KENNEDY BOULEVARD, SUITE 3300- 3925
TAMPA FL 33602

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	Member	<input type="checkbox"/> Delete
NAME	Atlantic American Resources, LLC	
STREET ADDRESS	101 E. Kennedy Blvd., Suite 3925	
CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	J. Patrick Michaels, Jr.	
STREET ADDRESS	101 E. Kennedy Blvd., Suite 3925	
CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Brad A. Gordon	
STREET ADDRESS	101 E. Kennedy Blvd., Suite 3925	
CITY-ST-ZIP	Tampa, Florida 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

0017029 A-

CR2E083 (11/00)