

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11358

1. Entity Name

THE ATLANTIS OF JACKSONVILLE BEACH, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90054 006 ***150.00

Principal Place of Business

Mailing Address

PO BOX 330108
ATLANTIC BEACH FL 32233-0108
US

2275 ATLANTIC BLVD.
NEPTUNE BEACH FL 32266-2547

2. Principal Place of Business

731 North First Street

3. Mailing Address

P.O. Box 330108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville Beach, Florida

City & State
Atlantic Beach, Florida

4. FEI Number **59-3021709**

Applied For
Not Applicable

Zip
32250

Country
Duval

Zip
32233-0108

Country
Duval

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

SORRELL, MARY C ESQ
2275 ATLANTIC BLVD
STE 200
NEPTUNE BCH FL 32266

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
HIONIDES, CHRIS
47 11TH STREET
ATLANTIC BEACH FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

(904) 241-1501

Daytime Phone #

CR2E034 (9/99)