

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L97000000943

1. Entity Name
ATLANTIC PROPERTIES GROUP, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
26 COROOVA ST.
ST. AUGUSTINE FL 32084

Mailing Address
14 SARAGOSSA ST.
ST. AUGUSTINE FL 32084-3624



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3473326

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

BRUYN, STEVEN D
14 SARAGOSSA ST.
ST. AUGUSTINE FL 32084

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 STEVEN D. BRUYN

4/10/00

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME MGRM
STREET ADDRESS BRUYN, STEVEN D
CITY- ST- ZIP 14 SARAGOSSA ST.
ST. AUGUSTINE FL 32084

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MEM
STREET ADDRESS BRUYN, ROSEEN M
CITY- ST- ZIP 14 SARAGOSSA ST.
ST. AUGUSTINE FL 32084

TITLE NAME
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CITY- ST- ZIP

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TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

904-810-2218
4/10/00

Date

Daytime Phone #