

2001 UNIFORM BUSINESS REPORT (UBR)

0001835 AF

DOCUMENT # L97000000943

1. Entity Name
ATLANTIC PROPERTIES GROUP, LLC

FILED

01 FEB 23 PM 3:26

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~~

2. Principal Place of Business

3. Mailing Address

26 COROOVA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
ST AUGUSTINE FL

4. FEI Number 59-3473326

Applied For
Not Applicable

Zip

Country

Zip 32084

Country ST JOHNS

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)

26 COROOVA ST

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
26 COROOVA ST ☒ Change ☐ Addition

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
BRUYN, ROSEMARY
26 COROOVA ST ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
200003768952-00 ☐ Change ☐ Addition
-02/26/01--01161--025
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STEVEN D. BRUYN 2/21/01 904-810-2218

CR2E083 (11/00)