

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000002056

1. Entity Name

THE ATLANTIC RESTAURANT AND BAR, L.C.

00 APR 18 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
333 N. FIRST STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
P.O. BOX 51433
JACKSONVILLE BEACH FL 32240-1433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MMMM

6. Name and Address of Current Registered Agent

GREEN, ROBERT B
395 SIXTH STREET
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

ROBERT B. GREEN

Street Address (P.O. Box Number is Not Acceptable)

316 THIRD STREET

City

ATLANTIC BEACH

FL

Zip Code

32233

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]

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

TITLE NAME MGRM GREEN, ROBERT B ☐ Delete
STREET ADDRESS 305 SIXTH ST 316 THIRD STREET
CITY- ST- ZIP ATLANTIC BEACH FL 32233

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM GREEN ROBERT B. ☒ Change ☐ Addition
STREET ADDRESS 316 THIRD STREET
CITY- ST- ZIP ATLANTIC BEACH FL 32233

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003238593--9
CITY- ST- ZIP -05/03/00--01148--016

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☒ Change ☐ Addition
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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] REQUIRED

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

Date

4-17-00

904-249-3338

Daytime Phone #

CR2E083 19/99