

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002122

1. Entity Name

UNION ATLANTIC CAPITAL, L.C.

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1401 BRICKELL AVENUE, SUITE 660
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVENUE, SUITE 660
MIAMI FL 33131

2. Principal Place of Business

3010 N. Military Trail
Suite, Apt. #, etc.
Suite 300

3. Mailing Address

3010 N. Military Trail
Suite, Apt. #, etc.
Suite 300

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip
33431

Country

USA

Zip
33431

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0870867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBS, STEVE

1401 BRICKELL AVE., STE. 660
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

D. Carr Moody

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

3010 N. Military Trail, Suite 300

City

Boca Raton FL

Zip Code

33431

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

700004341727--1
-06/05/01--01050--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JACOBS, STEVEN C
1401 BRICKELL AVENUE, SUITE 660
MIAMI FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Paul T. Mannion
1215 Hightower Trail, B220
Atlanta, GA 30350 ☐ Change ☒ Addition

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

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

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

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 #

D. Carr Moody

4/4/01

(561) 981-1020