2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001273

1. Entity Name
ATLANTIS MARES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:04

Principal Place of Business	Mailing Address
190 ATLANTIS BLVD. PALM BEACH FL 33462	190 ATLANTIS BLVD. PALM BEACH FL 33462-1111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0903751 ☐ 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
KINTZ, PAUL C 190 ATLANTIS BLVD. PALM BEACH FL 33462	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

mf 3/16/00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KINTZ, PAUL C 208 WALTON HEATH DRIVE ATLANTIS FL 33462 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Kintz, Paul C. 190 Atlantis Blvd. Atlantis, FL 33462 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHANDELMAYER, KATHERINE 13705 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Schandelmayer, Katherine 190 Atlantis Blvd. Atlantis, FL 33462 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KINTZ, JULIE 3501 MEDFORD COURT ATLANTIS FL 33462 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Kintz, Julie 190 Atlantis Blvd. Atlantis, FL 33462 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Leckrone, Leslie 190 Atlantis Blvd. Atlantis, FL 33462 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Kintz, Christopher 190 Atlantis Blvd. Atlantis, FL 33462 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E083 (9/99)

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: Paul Kintz SIGNATURE REQUIRED 3-1-00 561-965-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #