

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015534 AF

DOCUMENT # L99000001273

1. Entity Name

ATLANTIS MARES, L.C.

FILED  
01 JAN 31 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

190 ATLANTIS BLVD.  
PALM BEACH FL 33462  
ATLANTIS

Mailing Address

190 ATLANTIS BLVD.  
PALM BEACH FL 33462  
ATLANTIS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0903751

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
ATLANTIS

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

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KINTZ, PAUL C  
190 ATLANTIS BLVD.  
PALM BEACH FL 33462 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SCHANDELMAYER, KATHERINE  
190 ATLANTIS BLVD.  
PALM BEACH FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900003657269--2  
-02/08/01--01025--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KINTZ, JULIE  
190 ATLANTIS BLVD.  
PALM BEACH FL 33462 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LECKRONE, LESLIE  
190 ATLANTIS BLVD.  
PALM BEACH FL 33462 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KINTZ, CHRISTOPHER  
190 ATLANTIS BLVD.  
PALM BEACH FL 33462 ☐ 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 #

Paul Kintz

1-29-01

561 965-7700

CR2E083 (11/00)