

# 2001 UNIFORM BUSINESS REPORT (UBR)

FSG/000

DOCUMENT # **L99000002055**

1. Entity Name

**SPA ATLANTIS MANAGEMENT, LLC**

FILED

01 MAR 26 PM 5: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1460 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062

Mailing Address

1460 SOUTH OCEAN BLVD  
POMPANO BEACH FL 33062

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

65-0912583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACK, MICHAEL M**  
**27 FLETCHER AVENUE**  
**SARASOTA FL 34237**

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**  
**GROSS, LEONARD**  
**13020 SOUTH HAMPTON DRIVE**  
**BONITA SPRINGS FL 33923**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**HALPERIN, MAURICE**  
**2500 NORTH MILITARY TRAIL, SUITE 225**  
**BOCA RATON FL 33431**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**BLOOM, ASHLEY**  
**1350 NORTH OCEAN BLVD**  
**POMPANO BEACH FL 33062**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**MINKIN, CAROL**  
**4405 WOODFIELD BLVD**  
**BOCA RATON FL 33434**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ 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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (11/00)