

2001 UNIFORM BUSINESS REPORT (UBR)

0017009 AF

DOCUMENT # L99000004102

1. Entity Name

ATLANTIC AMERICAN INTERNET INVESTMENTS, LLC

FILED

01 APR -6 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

101 E KENNEDY BLVD
SUITE-3300
TAMPA FL 33602

Mailing Address

101 E KENNEDY BLVD
SUITE-3300
TAMPA FL 33602



2. Principal Place of Business

Suite, Apt. #, etc.

Suite 3325

3. Mailing Address

Suite, Apt. #, etc.

Suite 3325

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586130

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRAD
101 E KENNEDY BLVD
SUITE 3300
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

2-26-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGRM
MICHAELS, JOHN P., JR., TRUSTEE
101 E KENNEDY BLVD SUITE 3300
TAMPA FL 33602

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
GORDON, BRAD
101 E. KENNEDY BLVD. ,SUITE 3300
TAMPA FL 33602

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
GAWTHROP, GENE
101 E. KENNEDY BLVD., SUITE 3300
TAMPA FL 33602

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
BURNS, DAVID
101 E. KENNEDY BLVD., SUITE 3300
TAMPA FL 33602

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 #

2-26-01

CR2E083 (11/00)