

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0008341  
AF

DOCUMENT # L99000005558

1. Entity Name  
ATLAS MANAGEMENT, L.C.

00 APR -6 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3501 DEL PRADO BLVD., SUITE 200  
CAPE CORAL FL 33904

Mailing Address  
3501 DEL PRADO BLVD., SUITE 200  
CAPE CORAL FL 33904-7210

*inf*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1141 World Plaza Lane, Building 84  
Suite, Apt. #, etc.

3. Mailing Address  
5109 Del Prado Blvd.  
Suite, Apt. #, etc.

City & State  
Fort Myers, Florida  
Zip 33907 Country U.S.A.

City & State  
Cape Coral, Florida  
Zip 33904 Country U.S.A.

4. FEI Number 65-0951438  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
BARTEL VIOLA  
5109 DEL PRADO BLVD.  
CAPE CORAL FL 33904

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

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GEISSLER, GUENTHER MAINSTR. 11, D-97453 SCHOHNUNGEN-FORST/GERMANY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003221535--7 -04/24/00--01157--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X* *[Signature]* 04/01/00 941-540-0713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

(666) (990) 1-1