

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 PM 6:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0032785  
SP

DOCUMENT # L99000008260

1. Entity Name  
ATA HOLDINGS, LLC

Principal Place of Business  
4770 U.S. 19  
NEW PORT RICHEY FL 34652

Mailing Address  
4770 U.S. 19  
NEW PORT RICHEY FL 34652

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 59-3611182

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

NAPOLITANO, PETER A ESQ.  
7617 LITTLE ROAD  
NEW PORT RICHEY FL 34654

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 MGRM NEPPALLI, RAO  
STREET ADDRESS 78 BRUNSWICK WOODS DR.  
CITY-ST-ZIP EAST BRUNSWICK NJ 08816

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004272272--6  
-05/21/01--01016--004  
\*\*\*\*\*50.00

TITLE NAME MGRM EMANDI, RICH  
STREET ADDRESS 78 BRUNSWICK WOODS DR.  
CITY-ST-ZIP EAST BRUNSWICK NJ 08816

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Richard E. Emandi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01  
Date

727-841-9998  
Daytime Phone #

CR2E083 (11/00)