

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000835

1. Entity Name  
ATLANTIC PARTNERS, LLC

FILED

01 APR 30 PM 6:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6100 DUTCHMANS LANE, 14TH FLOOR  
KADEN TOWER  
LOUISVILLE KY 40205

Mailing Address  
6100 DUTCHMANS LANE, 14TH FLOOR  
KADEN TOWER  
LOUISVILLE KY 40205



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2540170  
APPLIED FOR

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

(NOT) 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  
MANAGER MEMBER  
J. MARK BLIEDEN  
KADEN TOWER 6100 DUTCHMANS LANE  
LOUISVILLE, KY 40205

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

TITLE  
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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]*

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

4-24-2001

502-456-1999

Date

Daytime Phone #

CR2E083 (11/00)