

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017146 AF

DOCUMENT # M00000002240

1. Entity Name  
ATLANTIC AMERICAN CAPITAL GROUP, LLC

FILED

01 MAR -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
101 EAST KENNEDY BLVD., STE. 3925  
TAMPA FL 33602

Mailing Address  
101 EAST KENNEDY BLVD., STE. 3925  
TAMPA FL 33602



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip

City & State  
Zip

Country

Country

4. FEI Number 59-3661178

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GORDON, BRAD A  
101 EAST KENNEDY BLVD., STE. 3925  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

000003891180--6  
-03/21/01--01107--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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*MANAGING MGRM*  
*ATLANTIC AMERICAN CORPORATE GROUP LLC*  
*101 E. KENNEDY BLVD SUITE 3925*  
*TAMPA FL 33602*

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

2-26-01

Date

Daytime Phone #

CR2E083 (11/00)