

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90054 025 \*\*\*\*50.00

**DOCUMENT # M00000002240**

1. Entity Name

**ATLANTIC AMERICAN CAPITAL GROUP, LLC**



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

**101 E. Kennedy Blvd.**

Suite, Apt. #, etc.  
**Suite 3300**

City & State  
**Tampa, FL**

Zip  
**33602**

Country  
**U.S.A.**

3. Mailing Address

**101 E. Kennedy Blvd.**

Suite, Apt. #, etc.  
**Suite 3300**

City & State  
**Tampa, FL**

Zip  
**33602**

Country  
**U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**GORDON, BRAD A.  
101 EAST KENNEDY BLVD., STE. 3925-3300  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete  
NAME **ATLANTIC AMERICAN CORPORATE GROUP LLC**  
STREET ADDRESS **101 E KENNEDY BLVD., SUITE 3925**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Atlantic American Corporate Group, LLC**  
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:**

**Brad A. Gordon**

**01-16-03**

**(813) 318-9444**

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

Date

Daytime Phone #

CR2E083 (10/02)