

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013780 AF

DOCUMENT # M96000000496

1. Entity Name
ATLANTIC ASSURANCE LLC

00 APR 18 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4425 RANDOLPH ROAD, SUITE 400
CHARLOTTE NC 28211

Mailing Address
4425 RANDOLPH ROAD, SUITE 400
CHARLOTTE NC 28211-2348



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1838203

Applied For
Not Applicable

Zip Country Zip Country

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 _____ (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 MGR
NAME GORELICK, TODD A
STREET ADDRESS 4425 RANDOLPH ROAD, SUITE 204
CITY-ST-ZIP CHARLOTTE NC 28211 ☐ Delete

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

TITLE MGR
NAME CHILDERS, T.C.B.
STREET ADDRESS 4426 MULLENS ROAD
CITY-ST-ZIP CHARLOTTE NC 28226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
8000003238698--1
-05/03/00--01155--010
*****50.00 *****50.00

TITLE MGR
NAME SEAGRAVES, JAMES B JR.
STREET ADDRESS 11217 COACHMAN CIRCLE
CITY-ST-ZIP CHARLOTTE NC 28277 ☐ Delete

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

TITLE MGR
NAME OAKES, DAVID
STREET ADDRESS 12514 ABBOTSBURY COURT
CITY-ST-ZIP CHARLOTTE NC 28277 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Todd Gorelick

Todd Gorelick

4/19/00 704-365-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 19/99