

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M97000000887

1. Entity Name
ATLANTIC CAPITAL INVESTMENT GROUP, L.L.C.

FILED

00 MAR 10 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
777 S. FLAGLER DRIVE
PHILLIPS POINT WEST TOWER 8TH FLOOR
WEST PALM BEACH FL 33401

Mailing Address
777 S. FLAGLER DRIVE
PHILLIPS POINT WEST TOWER 8TH FLOOR
WEST PALM BEACH FL 33401-6161

2. Principal Place of Business
4152 W. Blue Heron Blvd

3. Mailing Address
4152 W. Blue Heron Blvd.

Suite, Apt. #, etc.
Suite #120

Suite, Apt. #, etc.
#120

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

Zip
33404

Country
USA

Zip
33404

Country
USA

4. FEI Number 58-2336768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JUSTICE, KEVIN M
1065 KOKOMO KEY LANE
DELRAY BEACH FL 33483

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 *Chuan S. Wang*

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
MBR	WANG, CHAUN S	11701 HIGHLAND PLACE	CORAL SPRINGS FL 33071	<input type="checkbox"/>
MBR	JUSTICE, KEVIN M	1065 KOKOMO KEY LANE	DELRAY BEACH FL 33483	<input type="checkbox"/>
MBR	HSU, ANDREW	714 WINTHROP RD	SAN MARINO CA 91108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
		802 Primavera Rd	Glendora, CA 91741	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Chuan S. Wang*

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

Date Daytime Phone #

CR2E083 (9/99)