

2001 UNIFORM BUSINESS REPORT (UBR)

0031794 SP

DOCUMENT # M98000000629

1. Entity Name

ATP HOLDINGS, L.L.C.

FILED

01 FEB 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O YAGER
815 CLARIDGE HOUSE ONE
VERONA NJ 07044

Mailing Address

C/O YAGER
815 CLARIDGE HOUSE ONE
VERONA NJ 07044

2. Principal Place of Business

C/O YAGER 430 CENTRE ST.
Suite, Apt. #, etc. #611

3. Mailing Address

C/O YAGER 430 CENTRE ST.
Suite, Apt. #, etc. #611

City & State NEWTON MA

City & State NEWTON MA

4. FEI Number

04-3335599

Applied For

Not Applicable

Zip 02458-2086

Country USA

Zip 02458-2086

Country USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHENKAMP, ERIC
2816 S MACDILL AVE
TAMPA FL 33629

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

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

500003743625--5
-02/20/01--01083--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME YAGER, ALLEN J
STREET ADDRESS 815 CLARIDGE HOUSE ONE
CITY-ST-ZIP VERONA NJ 07044 ☒ Delete

TITLE MGRM
NAME YAGER, PAUL R
STREET ADDRESS 19 AGASSIZ ST #25
CITY-ST-ZIP CAMBRIDGE MA 02140 ☐ Delete

TITLE MGRM
NAME YAGER, HENRY M
STREET ADDRESS 10 LONG FELLOW PARK
CITY-ST-ZIP CAMBRIDGE MA 02138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME YAGER, J. ALLEN
STREET ADDRESS 430 CENTRE ST. #611
CITY-ST-ZIP NEWTON MA 02458-2086 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP- 02140-2850 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP- 02138-4831 ☒ Change ☐ Addition

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

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

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: J. ALLEN YAGER EQUIP MGRM

1/27/01 617-243-0059

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

Date

Daytime Phone #

CR2E083 (11/00)