

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000856

1. Entity Name

SAVANNAH COURT, LLC

FILED  
01 FEB 12 AM 11:45

Principal Place of Business

11301 N. CONGRESS AVE., STE. 130  
BOYNTON BEACH FL 33426

Mailing Address

11301 N. CONGRESS AVE., STE. 130  
BOYNTON BEACH FL 33426

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1301 N. Congress Ave

3. Mailing Address

1301 N. Congress

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 130

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

65-0851992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDORF, PAMELA J ESQ  
C/O WINTHROP, STIMSON, PUTNAM & ROBERTS  
125 WORTH AVENUE, SUITE 310  
PALM BEACH FL 33480

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME ATLANTIC CAPITAL INVESTMENT GROUP, LLC  
STREET ADDRESS 11301 N. CONGRESS AVE., STE. 130  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 1301 N. Congress Ave., Suite 130  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

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

Date

Daytime Phone #

2-5-01 (813) 734-7177

0032461 SP

CR2E083 (11/00)