

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0005530

DOCUMENT # N00000001255

1. Entity Name

ATLANTIC FIRST ROUND PARTNERS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 OCT 21 PM 2:53

REINSTATEMENT 03

Principal Place of Business

215 BAYTREE DR  
SUITE 2  
MELBOURNE FL 32940

Mailing Address

215 BAYTREE DR  
SUITE 2  
MELBOURNE FL 32940

2. Principal Place of Business

3. Mailing Address

1900 S. Harbor City Blvd  
(Suite) Apt. #, etc.  
328

1900 S. Harbor City Blvd  
(Suite) Apt. #, etc.  
328

City & State

Melbourne, FL

Zip

32901

Country

USA

City & State

Melbourne, FL

Zip

32901

Country

USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3646772

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUFFINGTON, NED  
215 BAYTREE DR  
SUITE 2  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1900 S. Harbor City Blvd.

Ste. 328

City

Melbourne

FL

Zip Code

32901

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 \$61.25  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME KANCILIA, JOHN R  
STREET ADDRESS 1688 W. HIBISCUS BLVD.  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500023962525  
10/21/03--01027--021 \*\*236.25

TITLE D  
NAME ORLANDO, FRED J  
STREET ADDRESS 180 BRY-LYNN DRIVE  
CITY-ST-ZIP WEST MELBOURNE FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BUFFINGTON, NED B  
STREET ADDRESS 215 BAYTREE DRIVE, SUITE 1  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BRADLEY, DEBORAH A  
STREET ADDRESS 215 BAYTREE DRIVE, SUITE 1  
CITY-ST-ZIP MELBOURNE FL 32940

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)