

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27629

1. Entity Name

ATLANTIC INDUSTRIAL PROPERTIES CONDOMINIUM ASSOC

Principal Place of Business

702 & 704 WEST PARK AVE
EDGEWATER FL 32132

Mailing Address

702 & 704 WEST PARK AVE
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2567680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, THOMAS D. P
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ALCORN, THOMAS D
STREET ADDRESS 855 LADYFISH AVENUE B-205
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☒ Change ☐ Addition
NAME THOMAS D ALCORN
STREET ADDRESS 240 GOLF CLUB DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☐ Delete
NAME LEE, GARY
STREET ADDRESS 2731 EVERGREEN DR.
CITY-ST-ZIP EDGEWATER FL

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

TITLE D ☐ Delete
NAME ALCORN, LUCILLE C
STREET ADDRESS 855 LADYFISH AVE #B205
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☒ Change ☐ Addition
NAME LUCILLE C. ALCORN
STREET ADDRESS 240 GOLF CLUB DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-2000

904-428-0975

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90001 026 ****61.25

907575



DO NOT WRITE IN THIS SPACE