

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029632

1. Entity Name
ATLANTIC GOLF LITTLE NECK, INC.

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

04-30-2001 90406 047 ***150.00

Principal Place of Business
12418 STATE RD #24
CEDAR KEY FL
32625

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12418 STATE RD #24

12418 STATE RD #24

City & State

City & State

CEDAR KEY

CEDAR KEY

Zip

Country

Zip

Country

32625

LEVY

32625

LEVI

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROSEMARY L DANESI

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

12418 STATE RD #24

City

CEDAR KEY

FL

Zip Code

32625

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
DENNIS M. DANESI
12418 STATE RD #24
CEDAR KEY, FL 32625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC - TREAS
ROSEMARY DANESI
12418 STATE RD #24
CEDAR KEY FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC - TREAS
STEPHEN R WILLIAMS
RD #4 BOX 940
HONESDALE PA. 18431 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis M. Danesi DENNIS M. DANESI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

(352) 543-5323

Daytime Phone #

CR2E034 (11/00)