

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050947

1. Entity Name  
ATLANTIC AMERICAN A, INC.



**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90115 047 \*\*\*150.00

0451413 AV

Principal Place of Business  
101 E KENNEDY BLVD. STE 3300  
~~SUITE 3925~~  
TAMPA FL 33602

Mailing Address  
101 E KENNEDY BLVD. STE 3300  
~~SUITE 3925~~  
TAMPA FL 33602



2. Principal Place of Business  
101 E. Kennedy Blvd.  
Suite, Apt. #, etc.  
Suite 3300  
City & State  
Tampa, FL  
Zip  
33602  
Country  
U.S.A.

3. Mailing Address  
101 E. Kennedy Blvd.  
Suite, Apt. #, etc.  
Suite 3300  
City & State  
Tampa, FL  
Zip  
33602  
Country  
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3647448  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRAD A  
101 E KENNEDY BLVD, STE 3300  
TAMPA FL 33602

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. 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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MICHAELS, J. PATRICK JR<br>101 E KENNEDY BLVD SUITE 3925 3300<br>TAMPA FL 33602 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GORDON, BRAD<br>101 E KENNEDY BLVD SUITE 3925 3300<br>TAMPA FL 33602             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/C/P<br>J. Patrick Michaels, Jr.<br>101 E. Kennedy Blvd., Suite 3300<br>Tampa, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Brad A. Gordon<br>101 E. Kennedy Blvd., Suite 3300<br>Tampa, FL 33602               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>H. Gene Gauthrop<br>101 E. Kennedy Blvd., Suite 3300<br>Tampa, FL 33602             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 607, 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

Brad A. Gordon

01-15-03 (813) 318-9444  
Date Daytime Phone #

CR2E034 (10/02)