

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-31-2003 90115 046 ***150.00

046116 AV

DOCUMENT # P00000050958

1. Entity Name
ATLANTIC AMERICAN B, INC.



Principal Place of Business
101 E KENNEDY BLVD. STE 3300
~~SUITE 3025~~
TAMPA FL 33602

Mailing Address
101 E KENNEDY BLVD. STE 3300
~~SUITE 3025~~
TAMPA FL 33602



2. Principal Place of Business
101 E Kennedy Blvd.
Suite, Apt. #, etc.
Suite 3300
City & State
Tampa, FL

3. Mailing Address
101 E. Kennedy Blvd.
Suite, Apt. #, etc.
Suite 3300
City & State
Tampa, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3647450**

Applied For
Not Applicable

Zip **33602** Country **U.S.A.**

Zip **33602** Country **U.S.A.**

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

GORDON, BRAD A
101 E KENNEDY BLVD, STE 3300
~~SUITE 3025~~ **Delete**
TAMPA FL 33602

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MICHAELS, J PATRICK JR**
STREET ADDRESS **101 E KENNEDY BLVD., STE 3025 3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **D/E/P** ☒ Change ☐ Addition
NAME **J. Patrick Michaels, Jr.**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **VP** ☐ Delete
NAME **GORDAN, BRAD**
STREET ADDRESS **101 E KENNEDY BLVD., STE., 3025 3300**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **T** ☒ Change ☐ Addition
NAME **Brad A. Gordon**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **H. Gene Gawthrop**
STREET ADDRESS **101 E. Kennedy Blvd., Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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: **Brad A. Gordon** **01-15-03 (813) 318-9444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)