

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90035 032 ***150.00

DOCUMENT # P01000000707

1. Entity Name

DEL MAR KEY LARGO, INC.

Principal Place of Business

910 SE 17 STREET
FT LAUDERDALE FL 33316

Mailing Address

910 SE 17 STREET
FT LAUDERDALE FL 33316

2. Principal Place of Business

% Atlantia Holdings
910 SE 17th St., Suite 300
Ft. Lauderdale, FL 33316

3. Mailing Address

% Atlantia Holdings
910 SE 17th St., Suite 300
Ft. Lauderdale, FL 33316



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1066308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAMIANAKIS, ANTHON E
910 SE 17 STREET
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Wagner, J.

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

910 SE 17th St., #300

City
Ft. Lauderdale

FL Zip Code
33316

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

TITLE P
NAME Bailey, William A.
STREET ADDRESS %Atlantia Holdings, 910 SE 17 St., #300
CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☐ Delete

TITLE S
NAME Farrell, James B.
STREET ADDRESS %Atlantia Holdings, 910 SE 17 St., #300
CITY-ST-ZIP Ft. Lauderdale, FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

Daytime Phone #