

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

C-22009
AV

DOCUMENT # P02000104439

1. Entity Name
ATLANTIS PLAYHOUSE, INC.



FILED

03 OCT 13 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5893 S. CONGRESS AVE.
ATLANTIS FL 33462

Mailing Address
5893 S. CONGRESS AVE.
ATLANTIS FL 33462



REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Same as above

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0484023

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WALDMAN, GGARY S
5893 S. CONGRESS AVE.
ATLANTIS FL 33462

7. Name and Address of New Registered Agent

Name Waldman, Gary S
Street Address (P.O. Box Number is Not Acceptable) 5893 S. Congress Ave
City Atlanta FL Zip Code 33462

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 Gary Waldman Gary Waldman Artistic Director 9-26-03
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS 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 Jamison Troutman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-03

Date

561-827-5744
Daytime Phone #

CR2E034 (10/02)