

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030557

1. Entity Name

ATLANTIS PLASTICS, INC.

Principal Place of Business

2665 S. BAYSHORE DR.
SUITE 800
MIAMI FL 33131

Mailing Address

2665 S. BAYSHORE DR.
SUITE 800
MIAMI FL 33133-5401

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1088270

Applied For

Not Applicable

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

~~KLEIN, PETER W~~
2665 SOUTH BAYSHOE DRIVE
SUITE 800
MIAMI FL 33133

Name *Maria C. Callejas*

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.

SIGNATURE

Maria C. Callejas

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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, 2000 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 S ☐ Delete
NAME KUFFNER, MARILYN D
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL 33133

TITLE DVC ☐ Delete
NAME GEORGE, PHILLIP T MD
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL

TITLE PCEO ☐ Delete
NAME BOVA, ANTHONY R
STREET ADDRESS 1870 THE EXCHANGE, SUITE 200
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ Delete
NAME HORNER, LARRY D
STREET ADDRESS 100 PARK AVE 28TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete
NAME MURPHY, CHARLES D
STREET ADDRESS 4019 LOS ARABIS DR
CITY-ST-ZIP LAFAYETTE CA

TITLE D ☐ Delete
NAME VANATTA, CHESTER B
STREET ADDRESS 5140 E MISSION HILL DRIVE
CITY-ST-ZIP TUCSON AZ 85718

TITLE COB/D ☐ Change ☒ Addition
NAME Earl W. Powell
STREET ADDRESS 2665 S. Bayshore Dr. 8th FL
CITY-ST-ZIP Miami FL

TITLE EVP/CFO/T ☐ Change ☒ Addition
NAME Paul Rudovsky
STREET ADDRESS 1870 The Exchange, Suite 200
CITY-ST-ZIP Atlanta, GA

TITLE VP-HR ☐ Change ☒ Addition
NAME Terry W. Lunt
STREET ADDRESS 1870 The Exchange, Suite 200
CITY-ST-ZIP Atlanta, GA

TITLE VP/GM ☐ Change ☒ Addition
NAME Gary A. Crutchfield
STREET ADDRESS 1870 The Exchange, Suite 200
CITY-ST-ZIP Atlanta, GA

TITLE VP/GM ☐ Change ☒ Addition
NAME Joseph J. Piccione
STREET ADDRESS 1870 The Exchange, Suite 200
CITY-ST-ZIP Atlanta, GA

600003144186 ☐ Change ☐ Addition
-02/23/00-01029-SP-2
****150.00 ****150.00

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

Date

Daytime Phone #

1-17-00 305/858-2200