

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030557

1. Entity Name

ATLANTIS PLASTICS, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 042 ***150.00

Principal Place of Business

2665 S. BAYSHORE DR.
SUITE 800
MIAMI FL 33131

Mailing Address

2665 S. BAYSHORE DR.
SUITE 800
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

CALLEJAS, MARIA C
2665 SOUTH BAYSHOE DRIVE
SUITE 800
MIAMI FL 33133

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.

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

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 ☐ Change ☒ Addition
NAME D/C EARL W. POWELL
STREET ADDRESS 2665 S. BAYSHORE DR. #800
CITY-ST-ZIP MIAMI FL 33135

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

TITLE ☐ Change ☒ Addition
NAME T/V PAUL SAARI
STREET ADDRESS 1870 THE EXCHANGE #200
CITY-ST-ZIP ATLANTA GA

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

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

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

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

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

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

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

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

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: M. Kuffner MARILYN D KUFFNER, Secretary 1-26-01 305-858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U136235

CR2E034 (10/00)