

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053855

1. Entity Name

ATLANTIC CAPITAL MANAGEMENT OF FLORIDA, INC.

1/

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-29-2001 90067 011 ***150.00

Principal Place of Business

Mailing Address

11700 U.S. HIGHWAY ONE, CTE 000
NORTH PALM BEACH FL 33408

2134 CHAGALL CIR
W PALM BCH FL 33409

560 Village Blvd. Suite 260
West Palm Beach FL 33409

US
560 Village Blvd. Suite 260
West Palm Beach FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0603540

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FHS CORPORATE SERVICES, INC.

11700 U.S. HIGHWAY ONE, CTE 000

NORTH PALM BEACH FL 33408

FHS Corporate Services, Inc.

11700 U.S. Highway One Suite 300

North Palm Beach FL 33409

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

Thomas M. Nolan *Thomas M. Nolan* *President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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 DP
NAME NOLAN, THOMAS M
STREET ADDRESS 2134 CHAGALL CIR
CITY-ST-ZIP W PALM BCH FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33409

TITLE S
NAME NOLAN, KATHERINE R
STREET ADDRESS 2134 CHAGALL CIR
CITY-ST-ZIP W PALM BCH FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME NOLAN, KATHERINE R
STREET ADDRESS
CITY-ST-ZIP 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME JEFFREY P. SNIDER
STREET ADDRESS 13215 GLENMOOR DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

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:

Thomas M. Nolan *Thomas M. Nolan* *President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)