

2000 UNIFORM BUSINESS REPORT (UBR)

019495

DOCUMENT # P95000075385

1. Entity Name

ATLANTIC REALTY GROWTH FUND I CORP.

FILED

00 MAY -4 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131-2608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

158.75

4. FEI Number

65-0614271

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

PARMENTER, DARRYL W
501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

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

[Signature]

H. William Walker, Jr

4/24/00

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 PD
NAME PARMENTER, DARRYL W
STREET ADDRESS 501 BRICKELL KEY DRIVE SUITE 509
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE VPD
NAME LOVETT, RADFORD W II
STREET ADDRESS 1600 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 200003260602--0
STREET ADDRESS -05/19/00--01129--001
CITY-ST-ZIP ***1746.25 ****158.75

TITLE SD
NAME KREIS, ROBERT R
STREET ADDRESS 1600 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE D
NAME GERVIN, SYDNEY A III
STREET ADDRESS 1600 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

305.375.7500

Daytime Phone #

CR2E034 (9/99)

KE