

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075385

1. Entity Name

ATLANTIC REALTY GROWTH FUND I CORP.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90037 015 ***158.75

Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2601 S. Bayshore Drive

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

Suite 700

City & State

City & State

Miami FL

Miami FL

Zip 33133

Country USA

Zip 33133

Country USA



DO NOT WRITE IN THIS SPACE

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

WALKER, H. WILLIAM JR.
501 BRICKELL KEY DRIVE
SUITE 509
MIAMI FL 33131

Name Andrew R. Weiss

Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Drive

Suite 700

City Miami

FL

Zip Code 33133

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

ANDREW R. WEISS

4/23/01

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 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
STREET ADDRESS
CITY-ST-ZIP

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

DARRYL W. PARMENTER

Date

4/23/01

Daytime Phone #

305 379 7500

CR2E034 (10/00)

014972