

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010964

1. Entity Name

ATLANTIS ADVENTURE MANAGEMENT CORPORATION

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90119 001 \*\*\*158.75

Principal Place of Business

Mailing Address

310 16TH AVENUE NORTH  
INDIAN ROCKS BEACH FL 33785  
US

POST OFFICE BOX 1049  
INDIAN ROCKS BEACH FL 33785-1049  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12651 WALSINGHAM RD.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

City & State

4. FEI Number

59-3357782

Applied For

Not Applicable

Zip

Country

33774 USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 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

TITLE PTD  
NAME SULLIVAN, F. TINA ☐ Delete  
STREET ADDRESS 310 16TH AVENUE NORTH  
CITY-ST-ZIP INDIAN ROCKS BEACH FL

TITLE VSD  
NAME SULLIVAN, PAUL W ☐ Delete  
STREET ADDRESS 310 16TH AVENUE NORTH  
CITY-ST-ZIP INDIAN ROCKS BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition  
NAME SULLIVAN, F. TINA  
STREET ADDRESS 12651 WALSINGHAM RD. SUITE F  
CITY-ST-ZIP LARGO, FL 33774

TITLE VSD ☒ Change ☐ Addition  
NAME SULLIVAN, PAUL W  
STREET ADDRESS 12651 WALSINGHAM RD. SUITE F  
CITY-ST-ZIP LARGO, FL 33774

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

TITLE ☐ Change ☐ Addition  
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

04/28/2000 (727) 596-6236  
Date Daytime Phone #

CR2E034 (9/99)