

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035225

1. Entity Name

ATLANTIC AMUSEMENTS, INC.

R

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90004 031 ***150.00

Principal Place of Business

7330 DOLINA COURT
UNIT #144
VIERA FL 32940
US

Mailing Address

1000 DEER RUN DRIVE
VIERA FL 32940
US

2. Principal Place of Business

7300 Dolina Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 85

City & State

Viera FL

City & State

Zip

32940

Country

Brevard

Zip

Country

4. FEI Number

59-3374958

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSCHNER, NANCY M
1000 DEER RUN DRIVE
VIERA FL 32940

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
BUSCHNER, ARTHUR R
1000 DEER RUN DR
VIERA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
BUSCHNER, NANCY M
1000 DEER RUN DR
VIERA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

NANCY BUSCHNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00
Date

(321)
259-5652
Daytime Phone #

CR2E034 (5/00)

P96000035000

A0067943

ATLANTIC AMUSEMENTS INC
1000 DEER RUN DR
VIERA FL 32940

Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32940

July 12, 00

To Whom It May Concern,

I respectfully request a waiver of the \$400 late filing fee penalty for this corporation's annual filing. I did not receive the first filing notice and as an oversight did not file the report. I am submitting this request per my conversation with Stacy at (850) 487-6059 and remitting the original filing fee in hopes of your favorable consideration.

I can be reached a (321) 259-5652 if you have any questions.



Nancy Buschner
Vice President