

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067196

1. Entity Name

ATLANTIC LAND CONSULTANTS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90043 041 ***150.00

Principal Place of Business

Mailing Address

43 BARBER ROAD
SARASOTA FL 34240
US

43 BARBER ROAD
SARASOTA FL 34240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34240

Country
US

Zip
34240

Country
US

4. FEI Number 59-3397272

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

FORBES, JEFFERY
1943 BARBER ROAD
SARASOTA FL 34240

Name
FORBES, JEFFERY

Street Address (P.O. Box Number is Not Acceptable)
1943 BARBER ROAD

City
SARASOTA FL Zip Code 34240

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME FORBES, JEFFERY
STREET ADDRESS 1943 BARBER ROAD
CITY-ST-ZIP SARASOTA FL 34240

TITLE PD ☒ Change ☐ Addition
NAME FORBES, JEFFERY
STREET ADDRESS 1943 BARBER ROAD
CITY-ST-ZIP SARASOTA FL 34240

TITLE TD ☒ Delete
NAME MACALPINE, WILLIAM A
STREET ADDRESS 21 DEER MEADOW ROAD
CITY-ST-ZIP DURHAM NC 03824

TITLE TD ☒ Change ☐ Addition
NAME MACALPINE, WILLIAM A
STREET ADDRESS 875 GREENLAND ROAD SUITE A-6
CITY-ST-ZIP PORTSMOUTH NH 03801

TITLE V ☐ Delete
NAME FORBES, CHRISTOPHER
STREET ADDRESS 1943 BARBER ROAD
CITY-ST-ZIP SARASOTA FL 34240

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

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 life empowered.

SIGNATURE:

WILLIAM A. MACALPINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William A. MacAlpine 2/9/2000 603-433-6655

CR2E034 (9/99)