

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90069 047 ***150.00

DOCUMENT # P97000054924

1. Entity Name

ATLANTIC CENTER, INC.

Principal Place of Business

Mailing Address

1801 S FEDERAL HWY
STE 202
DELRAY BEACH FL 33483
US

1801 S FEDERAL HWY
STE 202
DELRAY BEACH FL 33483
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

400 E. Linton Blvd
Suite, Apt. #, etc.
Suite G-3

400 E. Linton Blvd
Suite, Apt. #, etc.
Suite G-3

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip Country
33483 USA

Zip Country
33483 USA

4. FEI Number 65-0762620

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

WELDER, RICHARD
6111 BROKEN SOUND PKWY NW
BOCA RATON FL 33487

Name
CHARLES POSTERNACK
Street Address (P.O. Box Number is Not Acceptable)
400 EAST LINTON BLVD
Suite G-3
City
Delray Beach FL Zip Code
33483

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

Charles Posternack

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD AD DESANTIS, CARL 1801 S. FEDERAL HWY. STE. 202 DELRAY BCH. FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESANTIS, CARL 1801 S. FEDERAL HWY. STE. 202 DELRAY BCH. FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WERBER, RICHARD 1801 S FEDERAL HWY STE 202 DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLES POSTERNACK 400 EAST LINTON BLVD, SUITE 6-3 DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAM H. MILLMOE 400 EAST LINTON BLVD, SUITE 6-3 DELRAY BEACH, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles Posternack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

561-278
1169

Daytime Phone #

CR2E034 (10/00)