

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000104066**

1. Entity Name

**ATLANTIC PREFERRED HOLDING COMPANY****FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90048 037 \*\*\*150.00

AU016664



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1057 MAITLAND CENTER COMMONS  
STE. 100  
MAITLAND FL 32751

Mailing Address

1057 MAITLAND CENTER COMMONS  
STE. 100  
MAITLAND FL 32751-7433

2. Principal Place of Business

201 East Pine St.

Suite, Apt. #, etc.

Suite 600

3. Mailing Address

201 East Pine St.

Suite, Apt. #, etc.

Suite 600

City &amp; State

Orlando, Florida

City &amp; State

Orlando, Florida

Zip

32801-2719

Country

USA

Zip

32801-2719

Country

USA

4. FEI Number

59-3498539

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, THOMAS R  
105 E. ROBINSON STREET  
SUITE 201  
ORLANDO FL 32801

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 CPD  
NAME HOPKINS, ROBERTA J  
STREET ADDRESS 1230 PARK POINT LANE  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ DeleteTITLE SVPD  
NAME KEEFE, LOIS R  
STREET ADDRESS 1555 WATERWITCH DRIVE  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DeleteTITLE TD  
NAME KNIGHT, JON M  
STREET ADDRESS 2420 ORCHARD DRIVE  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DeleteTITLE D  
NAME HUGGINS, J.A.  
STREET ADDRESS 1057 MAITLAND CENTER COMMONS SUITE 100  
CITY-ST-ZIP MAITLAND FL 32751 ☐ DeleteTITLE D  
NAME SEALL, JOHN  
STREET ADDRESS 1209 AUSTIN ROAD  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD  
NAME Hopkins, Roberta J  
STREET ADDRESS 1230 Park Point Lane  
CITY-ST-ZIP Winter Park, FL 32789 ☒ Change ☐ AdditionTITLE PD  
NAME Keefe, Lois RAKUS  
STREET ADDRESS 1555 Waterwitch Dr.  
CITY-ST-ZIP Orlando, FL 32806 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S  
NAME James, Thomas B  
STREET ADDRESS 10431 Glassborough Dr.  
CITY-ST-ZIP Orlando, FL 32825 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/03/2000 407-659-  
0422