## **FILED** May 01, 2001 8:00 am

## ✓ 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000104066



ATLANTIC	e C Preferred Holding Coi	MPANY				90069 001 ***150		
Principal Place	e of Business	Mailing Address						
201 EAST PINE ST. STE. 600 ORLANDO FL 32801-2719 US  2. Principal Place of Business Suite, Apt. #, etc. City & State		201 EAST PINE ST. STE. 600 ORLANDO FL 32801-2719 US						
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		3. Mailing Address  Suite, Apt. #, etc.  City & State						
					DO NOT WRITE IN THIS SPACE			
				4. 1	FEI Number 59-3498539	No	plied For t Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Addi		
	6. Name and Address of Current R	legistered Agent		7. 1	Name and Address of New R	egistered Agent		
			Name		T Cmalagled			
	N, THOMAS R		Street	Richard T. Grelecki Street Address (P.O. Box Number is Not Acceptable)				
	E. ROBINSON STREET				<u> </u>	<u> </u>		
SUITE	E 201 ANDO FL 32801		20	l E. Pine	Street Suite 6	00		
ONLA	4NDO 1 L 32001			Orlando	·	FL Zip Code	32801	
8 The above	named entity submits this statement for	the purpose of changing its	registered office	or registered ag	ent, or both, in the State of Flo	orida.		
G. THE GEOVE			· ·					
SIGNATURE _	-/ yul					DATE		
	Signature, typed of printed notice of registered agent ar	nd title if applicable. (NOT	E: Registered Agent sign	nature required when re	einstating)	DATE		
	Signature, typed to printed it also or registered egont at	To the A opposition			<del></del>			
9. This corpo Tax filing re	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	!!! FEE IS \$150 001 Fee will be	0.00 \$550.00 ent of State	10. Election Campaign Fir Trust Fund Contributio	n. 🗆 Added	<b>0</b> May Be to Fees	
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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:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR