

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107185

1. Entity Name

ATLANTIC ACCEPTANCE CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90327 021 ***150.00

Principal Place of Business

Mailing Address

7238 ATLANTIC BOULEVARD
 JACKSONVILLE FL 32211

7238 ATLANTIC BOULEVARD
 JACKSONVILLE FL 32211-8709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3492011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, TIMOTHY P
 121 WEST FORSYTH STREET
 SUITE 900
 JACKSONVILLE FL 32202

*Address change
 only.*

Name

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

1016 La Salle Street
 City *Jacksonville* FL *32207*

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	<input type="checkbox"/> Delete
NAME	ALLEN, IRA	
STREET ADDRESS	7238 ATLANTIC BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, MARK	
STREET ADDRESS	7238 ATLANTIC BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLEN, WENDI	
STREET ADDRESS	7238 ATLANTIC BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)