

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026449

1. Entity Name

ATLANTIC PREFERRED MANAGEMENT COMPANY

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90033 013 ***150.00

Principal Place of Business

Mailing Address

1057 MAITLAND CENTER COMMONS
SUITE 100
MAITLAND FL 32751

1057 MAITLAND CENTER COMMONS
SUITE 100
MAITLAND FL 32751-7433

810388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

201 East Pine Street

201 East Pine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32801-2719

USA

32801-2719

USA

4. FEI Number

59-3498546

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME HOPKINS, ROBERTA J
STREET ADDRESS 1230 PARK POINT LANE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE CD ☒ Change ☐ Addition
NAME Hopkins, Roberta J.
STREET ADDRESS 1230 Park Point Lane
CITY-ST-ZIP Winter Park, FL 32789

TITLE TD ☐ Delete
NAME KNIGHT, JON M
STREET ADDRESS 2402 ORCHARD DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME KEEF, LOIS RAKUS
STREET ADDRESS 1555 WATERWATCH DRIVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Change ☐ Addition
NAME Keefe, Lois Rakus
STREET ADDRESS 1555 Waterwatch Dr.
CITY-ST-ZIP Orlando, FL 32806

TITLE SVPD ☒ Delete
NAME KEEFE, LOIS R
STREET ADDRESS 1555 WATERWATCH DRIVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE S ☐ Change ☒ Addition
NAME James, Thomas B.
STREET ADDRESS 10431 Glassborough Dr.
CITY-ST-ZIP Orlando, FL 32825

TITLE D ☐ Delete
NAME SEALL, JOHN P
STREET ADDRESS 1209 AUSTIN DRIVE
CITY-ST-ZIP ORLANDO FL 32806

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, 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 #

Lois Rakus Keefe 1/10/00 1-888-558-1