

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90084 020 ***150.00

DOCUMENT # P98000026449

1. Entity Name

ATLANTIC PREFERRED MANAGEMENT COMPANY

Principal Place of Business

201 E PINE ST
 600
 ORLANDO FL 32801

Mailing Address

201 E PINE ST
 600
 ORLANDO FL 32801

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 **59-3498546**

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

Richard T. Grelecki

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

201 E. Pine Street Suite 600

City **Orlando**

FL

Zip Code **32801**

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, 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 **CD** ☒ Delete
 NAME **HOPKINS, ROBERTA J**
 STREET ADDRESS **1230 PARK POINT LANE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Richard T. Grelecki**
 STREET ADDRESS **201 E. Pine Street Suite 600**
 CITY-ST-ZIP **Orlando, FL 32801**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Lois Keefe**
 STREET ADDRESS **201 E. Pine Street Suite 600**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **PD** ☐ Delete
 NAME **KEEF, LOIS RAKUS**
 STREET ADDRESS **1555 WATERWITCH DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **DVT** ☐ Change ☒ Addition
 NAME **Carol Gonzales**
 STREET ADDRESS **201 E. Pine St. #600**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **S** ☐ Delete
 NAME **JAMES, THOMAS B**
 STREET ADDRESS **70431 GLASSBOROUGH DR**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DS** ☐ Change ☒ Addition
 NAME **Thomas James**
 STREET ADDRESS **201 E. Pine St #600**
 CITY-ST-ZIP **Orl, FL 32801**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Rebecca Click**
 STREET ADDRESS **201 E. Pine St. #600**
 CITY-ST-ZIP **Orlando, FL 32801**

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 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

04/19/01

Date

407-514-2486

Daytime Phone #

CR2E034 (10/00)