

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

0011923 AV

**DOCUMENT # P98000026449**

1. Entity Name  
**ATLANTIC PREFERRED MANAGEMENT COMPANY**

09-15-2002 90092 010 \*\*\*550.00

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  
**605 Crescent Executive Court**

3. Mailing Address  
**PO Box 530021**

Suite, Apt. #, etc.  
**Suite 416**

Suite, Apt. #, etc.

City & State  
**Lake Mary, FL**

City & State  
**Orlando, FL**

4. FEI Number **59-3498546**

Applied For  
 Not Applicable

Zip  
**32746**

Country  
**USA**

Zip  
**32853**

Country  
**USA**

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

**GRECKE, RICHARD T**  
**201 E. PINE ST**  
**SUITE 600**  
**ORLANDO FL 32801**

Name  
**Grelecki, Richard**  
 Street Address (P.O. Box Number is Not Acceptable)  
**605 Crescent Executive Court**  
**Suite 416**  
 City  
**Lake Mary** **FL** Zip Code  
**32746**

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. I am familiar with, and accept the obligations of registered agent.

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. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DP GRELECKI, RICHARD Y 201 E. PINE ST STE., #600 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEFE, LOIS 201 E. PINE ST STE., #600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEF, LOIS RAKUS 1555 WATERWITCH DRIVE ORLANDO FL 32806	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, THOMAS B 10431 GLASSBOROUGH DR ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GONZALEZ, CAROL 201 E. PINE ST #600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAMES, THOMAS 201 E. PINE SR #600 ORLANDO FL 32801	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Grelecki, Richard 605 Crescent Executive Court Suite 416 Lake Mary, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST James, Thomas 605 Crescent Executive Court Suite 416 Lake Mary, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02

407 833 4017

Date

Daytime Phone #

CR2E034 (4/02)