2000 UNIFORM BUSINESS REPORT (UBR)

Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P98000072871** ATLANTICA CONDOMINIUM RENTAL CORPORATION 01-19-2000 90139 012 ***150.00 Principal Place of Business Mailing Address 4601 SOUTH ATLANTIC AVENUE 4601 SOUTH ATLANTIC AVENUE 104400 PONCE INLET FL 32127 PONCE INLET FL 32127-7044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3534692 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS DAVID MORO, RICHARD J Address (P.O. Box Number is Not Acceptable) 6918 ALOMA AVENUE CLYDE MORRIS WINTER PARK FL 32792 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change TITLE ELMER MILLER MORO, RICHARD J NAME NAME 4601 S. ATLANTIC STREET ADDRESS 6918 ALOMA AVENUE STREET ADDRESS PONCE INLET FL. 32127 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete TITLE ☐ Addition **EVANS, DAVID** NAME NAME 4536 SOUTH CLYDE MORRIS, #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32119-4017 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition VATH, ERIC NAME NAME STREET ADDRESS 4601 S. ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 attachange with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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