

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90126 047 \*\*\*150.00

**DOCUMENT #** P98000090632  
**1. Entity Name**  
 ATLANTIC BANCGROUP, INC.

<b>Principal Place of Business</b> 1315 S. THIRD ST. JACKSONVILLE BEACH FLORIDA 32250	<b>Mailing Address</b> 1315 S. THIRD ST. JACKSONVILLE BEACH FLORIDA 32250
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**4. FEI Number**  
59-3543956

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 IGLER & DOUGHERTY, P.A.  
 1501 PARK AVENUE, EAST  
 TALLAHASSEE, FLORIDA 32301

**7. Name and Address of New Registered Agent**

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**

<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	CERVONE, FRANK J.	
<b>STREET ADDRESS</b>	91 NINA LANE	
<b>CITY-ST-ZIP</b>	PONTE VEDRA BEACH, FL 32082	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	CHANDLER, BARRY W.	
<b>STREET ADDRESS</b>	1022 SEAWOOD DRIVE	
<b>CITY-ST-ZIP</b>	NEPTUNE BEACH, FL 32266	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	DUBBERLY, JIMMY D.	
<b>STREET ADDRESS</b>	108 GREENWOOD DRIVE	
<b>CITY-ST-ZIP</b>	GLENNVILLE, GA 30427	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	GLISSON, DONALD F., JR.	
<b>STREET ADDRESS</b>	2195 OSPREY POINT DR.	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32224	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	SCHEIDERMAN, ROBIN	
<b>STREET ADDRESS</b>	3419 LANDS END DR.	
<b>CITY-ST-ZIP</b>	ST. AUGUSTINE, FL 32095	
<b>TITLE</b>	S/T	<input type="checkbox"/> Delete
<b>NAME</b>	YOUNG, DAVID L.	
<b>STREET ADDRESS</b>	1365 PINWOOD ROAD	
<b>CITY-ST-ZIP</b>	JACKSONVILLE BEACH, FL 32250	

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

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** D. O. Young **4-27-2000** **(904) 247-4092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)