

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000109195

1. Entity Name

ATC OF NORTH FLORIDA, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90212 020 \*\*\*150.00

Principal Place of Business Mailing Address  
5912 NEW KINGS ROAD 5912 NEW KINGS ROAD  
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

APPLIED FOR

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MABM CORPORATE SERVICES, INC.  
ONE INDEPENDENT DRIVE  
SUITE 3000  
JACKSONVILLE FL 32202

Name  
MABM Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
Attention: John D. Milton, Jr., Esq.  
One Independent Drive, Suite 3000  
City Jacksonville FL Zip Code 32202

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.

James A. Nolan, III, VP 3/1/00

(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	President/Director <input type="checkbox"/> Delete
NAME	Antonio D. Vela
STREET ADDRESS	3564 Barrel Springs Dr
CITY-ST-ZIP	Orange Park, FL 32209
TITLE	Vice President/Director <input type="checkbox"/> Delete
NAME	Harold Shafer
STREET ADDRESS	3517 Beaucleac Rd
CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	Secretary/Director <input type="checkbox"/> Delete
NAME	Vicki Shafer
STREET ADDRESS	3517-Beaucleac Rd -
CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

*Antonio D. Vela*

Antonio D. Vela, Pres. 2/25/00 (904) 766-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)