

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90831 040 \*\*\*150.00

**DOCUMENT # S77914**

1. Entity Name

**ATLANTIC FINANCIAL COMPANY**



Principal Place of Business

Mailing Address

**1057 MAITLAND CTR COMMNS  
SUITE 100  
MAITLAND FL 32751  
US**

**1057 MAITLAND CTR COMMNS  
SUITE 100  
MAITLAND FL 32751  
US**

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 **59-3085896**

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 ST.  
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

*Richard T. Grelecki*  
**RICHARD T. GRELECKI**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/19/01**

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 **C** ☒ Delete  
NAME **HUGGINS, J. A.**  
STREET ADDRESS **201 E. PINE ST., STE.600**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **DT** ☒ Delete  
NAME **KNIGHT, JON M.**  
STREET ADDRESS **201 E. PINE ST., STE.600**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **DP** ☒ Delete  
NAME **ROBERTA J. HOPKINS**  
STREET ADDRESS **1057 MAITLAND CTR COMMNS, #100**  
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **SV** ☒ Delete  
NAME **KEEFE, LOIS RAKUS**  
STREET ADDRESS **1057 MAITLAND CTR COMMNS, #100**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **ADAMS, JEFFREY**  
STREET ADDRESS **304 INVERNESS WAY S, #475**  
CITY-ST-ZIP **ENGLEWOOD CO 80112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)