| Fill      | in this information to ident                                       | ify your case:   |                            |                                       |                                   |                         |
|-----------|--|--|----------------------------|---------------------------------------|-----------------------------------|-------------------------|
| Uni       | ted States Bankruptcy Court  | for the:   |                            |                                       |                                   |                         |
| MIE       | DDLE DISTRICT OF FLORID  | A  |                            |                                       |                                   |                         |
| Cas       | se number (if known)   |  | Chapter 11                 |                                       |                                   |                         |
|           |  |  |                            |                                       | ☐ Check if this an amended filing |                         |
| V<br>If m | ore space is needed, attach  | on for Non-Individent a separate sheet to this form. On the te document, Instructions for Bankru | e top of any additional pa | ages, write the debt                  | or's name and case num            | 4/16<br>ber (if known). |
| 1.        | Debtor's name  | ATIF, Inc.   |                            |                                       |                                   |                         |
| 2.        | All other names debtor used in the last 8 years                    | FDBA Attorney's Title Insurance  | ce Fund. Inc.              |                                       |                                   |                         |
|           | Include any assumed names, trade names and doing business as names |  |                            |                                       |                                   |                         |
| 3.        | Debtor's federal<br>Employer Identification<br>Number (EIN)        | 59-2633824   |                            |                                       |                                   |                         |
| 4.        | Debtor's address   | Principal place of business  |                            | Mailing address, if business          | different from principal p        | place of                |
|           |  | 1601 Jackson Street #20<br>Fort Myers, FL 33901  |                            |                                       |                                   |                         |
|           |  | Number, Street, City, State & ZIP Coo  | de                         | P.O. Box, Number, S                   | Street, City, State & ZIP Co      | ode                     |
|           |  | <b>Lee</b><br>County   |                            | Location of princip place of business | al assets, if different from      | m principal             |
|           |  |  | -                          | Number, Street, City                  | , State & ZIP Code                |                         |
| 5.        | Debtor's website (URL)   |  |                            |                                       |                                   |                         |
| 6.        | Type of debtor   | ■ Corporation (including Limited Lia   | bility Company (LLC) and   | Limited Liability Part                | nership (LLP))                    |                         |
|           |  | ☐ Partnership (excluding LLP)  | , company (220) and        | ranky r urt                           |                                   |                         |

☐ Other. Specify:

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| Debtor |      | ATIF, Inc.  |   |          |   | Case nun                          | nber (# known)   |       |  |
|--------|------|---|---|----------|---|-----------------------------------|--|-------|--|
|        |      | Name  |   |          |   |                                   |  |       |  |
| 7.     | Des  | cribe debtor's business                             | △ Check one:  |          |   |                                   |  |       |  |
| ٠.     | Des  | cribe debior 3 business                             |   | ucina    | es (as defined in 11 LLS C & 1)                               | 01/274))                          |  |       |  |
|        |      |   | Health Care Business (as defined in 11 U.S.C. § 101(27A))       |          |   |                                   |  |       |  |
|        |      |   | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |          |   |                                   |  |       |  |
|        |      |   |   |          | in 11 U.S.C. § 101(44))                                       |                                   |  |       |  |
|        |      |   |   |          | ned in 11 U.S.C. § 101(53A))                                  |                                   |  |       |  |
|        |      |   |   | •        | as defined in 11 U.S.C. § 101(                                | 6))                               |  |       |  |
|        |      |   | ☐ Clearing Bank   | (as de   | efined in 11 U.S.C. § 781(3))                                 |                                   |  |       |  |
|        |      |   | None of the ab  | ove      |   |                                   |  |       |  |
|        |      |   | B. Check all that a   | pply     |   |                                   |  |       |  |
|        |      |   | ☐ Tax-exempt ent  | tity (as | described in 26 U.S.C. §501)                                  |                                   |  |       |  |
|        |      |   | ☐ Investment cor  | mpany    | , including hedge fund or pool                                | ed investmen                      | vehicle (as defined in 15 U.S.C. §80a-3)   |       |  |
|        |      |   | ☐ Investment ad   | visor (  | as defined in 15 U.S.C. §80b-2                                | 2(a)(11))                         |  |       |  |
|        |      |   | C. NAICS (North A   | Americ   | an Industry Classification Syst                               | tem) 4-digit co                   | de that best describes debtor.   |       |  |
|        |      |   |   |          | urts.gov/four-digit-national-ass                              |                                   |  |       |  |
|        |      |   |   |          |   |                                   |  |       |  |
| 8.     |      | er which chapter of the                             | Check one:  |          |   |                                   |  |       |  |
|        |      | kruptcy Code is the                                 | ☐ Chapter 7   |          |   |                                   |  |       |  |
|        | uebi | debtor filing?                                      | ☐ Chapter 9   |          |   |                                   |  |       |  |
|        |      |   | Chapter 11. C   | heck a   | all that apply  |                                   |  |       |  |
|        |      |   | Chapter III C   |          |   | naent liauidate                   | ed debts (excluding debts owed to insiders or affilia  | ates) |  |
|        |      |   |   | _        |   |                                   | o adjustment on 4/01/19 and every 3 years after the  |       |  |
|        |      |   |   |          | business debtor, attach the n<br>statement, and federal incom | nost recent ba<br>ne tax return o | efined in 11 U.S.C. § 101(51D). If the debtor is a silance sheet, statement of operations, cash-flow rif all of these documents do not exist, follow the | mall  |  |
|        |      |   |   | П        | procedure in 11 U.S.C. § 111 A plan is being filed with this  | . , . ,                           |  |       |  |
|        |      |   |   |          | ,   | •                                 | petition from one or more classes of creditors, in   |       |  |
|        |      |   |   | _        | accordance with 11 U.S.C. §                                   |                                   | settion from one of more diagons of dreators, in   |       |  |
|        |      |   |   |          | Exchange Commission acco                                      | rding to § 13 c                   | ts (for example, 10K and 10Q) with the Securities at 15(d) of the Securities Exchange Act of 1934. Fill dividuals Filing for Bankruptcy under Chapter 11 |       |  |
|        |      |   |   |          | The debtor is a shell compan                                  | y as defined i                    | n the Securities Exchange Act of 1934 Rule 12b-2   |       |  |
|        |      |   | ☐ Chapter 12  |          |   |                                   |  |       |  |
|        |      |   |   |          |   |                                   |  |       |  |
| 9.     |      | e prior bankruptcy                                  | ■ No.   |          |   |                                   |  |       |  |
|        |      | es filed by or against debtor within the last 8 rs? | ☐ Yes.  |          |   |                                   |  |       |  |
|        |      | ore than 2 cases, attach a arate list.              | District  |          | When  |                                   | Case number  |       |  |
|        | sepa | irate iist.   | District  |          | vvnen<br>When   |                                   |  |       |  |
|        |      |   | District  |          | WIIGH   |                                   | Guse maniber   |       |  |
| 10.    |      | any bankruptcy cases                                | ■ No  |          |   |                                   |  |       |  |
|        |      | ding or being filed by a iness partner or an        | ☐ Yes.  |          |   |                                   |  |       |  |
|        |      | ate of the debtor?                                  |   |          |   |                                   |  |       |  |
|        |      | all cases. If more than 1, ch a separate list       | Debtor  |          |   |                                   | Relationship   |       |  |
|        |      |   | District  |          | When  |                                   | Case number, if known  |       |  |
|        |      |   |   |          |   |                                   |  |       |  |

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| Debtor ATIF, Inc. Case number (if known) |      |   |                       |                 | )          |                         |         |  |   |  |
|--|------|---|-----------------------|-----------------|------------|-------------------------|---------|--|---|--|
|  |      | Name  |                       |                 |            |                         |         |  |   |  |
| 11.                                      |      | y is the case filed in                                    | Check all that apply: |                 |            |                         |         |  |   |  |
|  | ans  | uistricti   |                       |                 |            |                         |         | place of business, or principal assets for a longer part of such 180 days than       | in this district for 180 days immediately in any other district.        |  |
|  |      |   |                       | A ba            | ankruptcy  | y case concerning d     | debto   | 's affiliate, general partner, or partners   | hip is pending in this district.  |  |
| 12.                                      |      | es the debtor own or                                      | ■ N                   | 0               |            |                         |         |  |   |  |
|  | real | e possession of any property or personal perty that needs | □ Y                   | -               | Answer b   | pelow for each prope    | erty t  | hat needs immediate attention. Attach  | additional sheets if needed.  |  |
|  |      | nediate attention?  |                       | ,               | Why doe    | es the property nee     | ed in   | nmediate attention? (Check all that ap   | pply.)  |  |
|  |      |   |                       |                 | ☐ It pos   | es or is alleged to po  | ose a   | a threat of imminent and identifiable ha   | zard to public health or safety.  |  |
|  |      |   |                       |                 | What i     | is the hazard?          |         |  |   |  |
|  |      |   |                       |                 | ☐ It nee   | eds to be physically s  | secui   | red or protected from the weather.   |   |  |
|  |      |   |                       |                 |            |                         |         | r assets that could quickly deteriorate of at, dairy, produce, or securities-related | or lose value without attention (for example, assets or other options). |  |
|  |      |   |                       |                 | ☐ Other    | ·                       |         |  |   |  |
|  |      |   |                       | ,               | Where is   | s the property?         |         |  |   |  |
|  |      |   |                       |                 |            |                         | Ν       | lumber, Street, City, State & ZIP Code   |   |  |
|  |      |   |                       |                 | Is the pr  | operty insured?         |         |  |   |  |
|  |      |   |                       |                 | □ No       |                         |         |  |   |  |
|  |      |   |                       |                 | ☐ Yes.     | Insurance agency        | ' _     |  |   |  |
|  |      |   |                       |                 |            | Contact name            | _       |  |   |  |
|  |      |   |                       |                 |            | Phone                   | _       |  |   |  |
|  |      |   |                       |                 |            |                         |         |  |   |  |
|  |      | Statistical and admin                                     | istrati               | ve inf          | formatio   | n                       |         |  |   |  |
| 13.                                      |      | tor's estimation of                                       |                       | Cł              | heck one:  | :                       |         |  |   |  |
|  | ava  | ilable funds  |                       |                 | Funds w    | vill be available for d | distrib | ution to unsecured creditors.  |   |  |
|  |      |   |                       |                 | After an   | y administrative exp    | ense    | es are paid, no funds will be available to   | o unsecured creditors.  |  |
|  |      |   |                       |                 |            | ,                       |         |  |   |  |
| 14.                                      |      | mated number of   | □ 1-                  | 49              |            |                         |         | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000  |  |
|  | cred | ditors  | <b>5</b> 0            |                 |            |                         |         | ☐ 5001-10,000  | ☐ 50,001-100,000  |  |
|  |      |   |                       | 00-19           |            |                         |         | □ 10,001-25,000  | ☐ More than100,000  |  |
|  |      |   | □ 20                  | 00-99           | 9          |                         |         |  |   |  |
| 15.                                      | Esti | mated Assets  | □ \$0                 | ) - <b>\$</b> 5 | 0,000      |                         |         | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |
|  |      |   |                       |                 | 1 - \$100, | ,000                    |         | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |
|  |      |   | <b>\$</b>             | 100,0           | 01 - \$500 | 0,000                   |         | □ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion                                       |  |
|  |      |   | □ \$ <b>!</b>         | 500,0           | 01 - \$1 m | nillion                 |         | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |
| 16.                                      | Esti | mated liabilities   | □ \$0                 | ) - <b>\$</b> 5 | 0,000      |                         |         | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |
|  |      |   |                       |                 | 01 - \$100 | ,000                    |         | ■ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |
|  |      |   |                       |                 | 01 - \$500 |                         |         | ☐ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion                                       |  |
|  |      |   | □ \$                  | 500,0           | 01 - \$1 m | nillion                 |         | ☐ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |
|  |      |   |                       |                 |            |                         |         |  |   |  |

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| ebtor  | ATIF, Inc.                              |  |   |  |  |  |  |  |
|--|---|--|---|--|--|--|--|--|
|  | •                                       |  |   |  |  |  |  |  |
|  | Request for Relief, I                   | Declaration, and Signatures  |   |  |  |  |  |  |
| VARNIN   | IG Bankruptcy fraud<br>imprisonment for | is a serious crime. Making a false stateme up to 20 years, or both. 18 U.S.C. §§ 152,                                    | ent in connection with a bankruptcy case can result in fines up to \$500,000 or 1341, 1519, and 3571. |  |  |  |  |  |
| 7. Declaration and signatur<br>of authorized<br>representative of debtor |   | The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |  |  |  |  |  |
|  |   | I have been authorized to file this petition on behalf of the debtor.  |   |  |  |  |  |  |
|  |   | I have examined the information in this petition and have a reasonable belief that the information is trued and correct. |   |  |  |  |  |  |
|  |   | I declare under penalty of perjury that the  | he foregoing is true and correct.   |  |  |  |  |  |
|  |   | Executed on March 2, 2017 MM / DD / YYYY   |   |  |  |  |  |  |
|  |   | <b>√</b> /s/ Gerard A. McHale  | Gerard A. McHale  |  |  |  |  |  |
|  |   | Signature of authorized representative   | of debtor Printed name  |  |  |  |  |  |
|  |   | Title Chief Executive Officer  |   |  |  |  |  |  |
|  |   |  |   |  |  |  |  |  |
| 0.0:   | -t                                      | X /s/ Michael C. Markham   | Date <b>March 2, 2017</b>   |  |  |  |  |  |
| 8. Signa   | ature of attorney                       | Signature of attorney for debtor   | MM / DD / YYYY  |  |  |  |  |  |
|  |   | Michael C. Markham   |   |  |  |  |  |  |
|  |   | Printed name   |   |  |  |  |  |  |
|  |   | Johnson, Pope, Bokor, Ruppel Firm name   |   |  |  |  |  |  |
|  |   | & Burns, LLP PO Box 1100   |   |  |  |  |  |  |
|  |   | Tampa, FL 33601  Number, Street, City, State & ZIP Code  |   |  |  |  |  |  |
|  |   | Contact phone <b>813-225-2500</b>  | Email address   |  |  |  |  |  |
|  |   | 0768560  |   |  |  |  |  |  |
|  |   | Bar number and State   |   |  |  |  |  |  |

| Fill in this information to identify the case:                     |                       |
|--|-----------------------|
| Debtor name ATIF, Inc.   |                       |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA | ☐ Check if this is an |
|  |                       |
| Case number (if known):  | amended filing        |
|  |                       |

## Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code   | Name, telephone number and email address of creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services,<br>and government<br>contracts) | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.  Total claim, if partially secured of collateral or setoff |  |                |
|---|--|--|---|--|--|----------------|
| 1101 SW 49 Ave,<br>LLC<br>c/o Polenberg<br>Cooper, PPLC<br>1351 Sawgrass<br>Corporate Pkwy<br>Suite 101<br>Ft Lauderdale, FL<br>33323 |  | Pending Claim  | Disputed  |  |  | \$775,000.00   |
| Arpan Petroleum,<br>Inc<br>c/o Armistead Ellis,<br>PA<br>319 N Ridgewood<br>Ave<br>Daytona Beach, FL<br>32114                         |  | Pending Claim  | Disputed  |  |  | \$1,800,000.00 |
| Bank of America<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202                                     |  | Pending Claim  | Disputed  |  |  | \$520,000.00   |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202                     |  | Pending Claim  | Disputed  |  |  | \$562,500.00   |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202                     |  | Pending Claim  | Disputed  |  |  | \$542,500.00   |

Debtor ATIF, Inc.

Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code   | Name, telephone number and email address of creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | If the claim is fully unsecured, fill in only unsecured clair claim is partially secured, fill in total claim amount and value of collateral or setoff to calculate unsecured clain |  | nt and deduction for ed claim. |
|---|--|--|---|---|--|--------------------------------|
|   |  |  |   | Total claim, if partially secured   | Deduction for value<br>of collateral or setoff | Unsecured claim                |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202 |  | Pending Claim  | Disputed  |   |  | \$784,000.00                   |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202 |  | Pending Claim  | Disputed  |   |  | \$750,000.00                   |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202 |  | Pending Claim  | Disputed  |   |  | \$1,500,000.00                 |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202 |  | Pending Claim  | Disputed  |   |  | \$800,000.00                   |
| Bank of America/<br>Countrywide<br>c/o Akerman, LLP<br>50 Laura Street<br>Suite 3100<br>Jacksonville, FL<br>32202 |  | Pending Claim  | Disputed  |   |  | \$800,000.00                   |
| Brevard Estates Corporation c/o Herman J Russomanno Museum Tower, No 2800 150 West Flagler Street Miami, FL 33130 |  | Pending Claim  | Disputed  |   |  | \$7,000,000.00                 |
| FDIC<br>c/o Dora Kaufman<br>44 W Flagler Street<br>25th Floor<br>Miami, FL 33310                                  |  | Pending Claim  | Disputed  |   |  | \$1,900,000.00                 |

Debtor ATIF, Inc.

Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code  | Name, telephone number and email address of creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | claim is partially secu           | secured, fill in only unsecu<br>red, fill in total claim amou<br>setoff to calculate unsecure | nt and deduction for |
|--|--|--|---|-----------------------------------|---|----------------------|
|  |  | ,  |   | Total claim, if partially secured | Deduction for value of collateral or setoff   | Unsecured claim      |
| FDIC as Receiver for<br>Indymac Bank<br>c/o Jennifer<br>Goosenberg<br>700 N Brand Blvd<br>Suite 830<br>Glendale, CA 91203            |  | Pending Claim  | Disputed  |                                   |   | \$715,000.00         |
| FDIC as Receiver for<br>Indymac Bank<br>c/o Welbaum<br>Guernsey<br>2151 St. Le Jeune<br>Rd<br>Suite 200<br>Coral Gables, FL<br>33134 |  | Pending Claim  | Disputed  |                                   |   | \$640,000.00         |
| FDIC as Receiver for<br>Indymac Bank<br>c/o Welbaum<br>Guernsey<br>2151 St. Le Jeune<br>Rd<br>Suite 200<br>Coral Gables, FL<br>33134 |  | Pending Claim  | Disputed  |                                   |   | \$590,000.00         |
| FDIC as Receiver for<br>Indymac Bank<br>c/o Welbaum<br>Guernsey<br>2151 St. Le Jeune<br>Rd<br>Suite 200<br>Coral Gables, FL<br>33134 |  | Pending Claim  | Disputed  |                                   |   | \$560,500.00         |
| Hickeys Creekside<br>Development, LLC<br>c/o Yerger/Tyler, PA<br>1570 Shadowlan<br>Drive<br>Naples, FL 34104                         |  | Pending Claim  | Disputed  |                                   |   | \$2,350,000.00       |
| JP Morgan Chase<br>c/o Gray Robinson<br>401 E Las Olas Blvd<br>Suite 1000<br>Ft Lauderdale, FL<br>33301                              |  | Pending Claim  | Disputed  |                                   |   | \$1,900,000.00       |
| MJE Family<br>Investment, LLC<br>c/o Broad & Cassell<br>PO Drawer 1130<br>Tallahassee, FL<br>32301                                   |  | Pending Claim  | Disputed  |                                   |   | \$4,000,000.00       |

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| Debtor | ATIF, Inc. | Case number (if known) |  |
|--------|------------|------------------------|--|
|        | Name       |                        |  |

| Name of creditor and complete mailing address, including zip code                                 | Name, telephone number<br>and email address of<br>creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | Amount of claim  If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |                         |                 |
|---|--|--|---|--|-------------------------|-----------------|
|   |  |  |   | Total claim, if  | Deduction for value     | Unsecured claim |
|   |  |  |   | partially secured  | of collateral or setoff |                 |
| Regions Bank<br>c/o Negrin &<br>Associates, PA<br>783 N.W. 42 Ave<br>Suite 428<br>Miami, FL 33132 |  | Pending Claim  | Disputed  |  |                         | \$1,170,000.00  |

## United States Bankruptcy Court Middle District of Florida

| In re ATIF, Inc.                            |  | Case No.            |                               |
|---|--|---------------------|-------------------------------|
|   | Debtor(s)                                      | Chapter             | 11                            |
| VERI  | IFICATION OF CREDITOR                          | MATRIX              |                               |
| I, the Chief Executive Officer of the corpo | oration named as the debtor in this case, here | eby verify that the | attached list of creditors is |
| true and correct to the best of my knowled  | lge.   |                     |                               |
| Date: March 2, 2017                         | /s/ Gerard A. McHale                           |                     |                               |
|   | Gerard A. McHale/Chief Exec<br>Signer/Title    | utive Officer       |                               |

ATIF, Inc. 1601 Jackson Street #20 Fort Myers, FL 33901

Brevard Estates Corporation c/o Herman J Russomanno Museum Tower, No 2800 150 West Flagler Street Miami, FL 33130

Fremont Investment & Loan, Inc. c/o Akerman, LLP 50 Laura Street Suite 3100 Jacksonville, FL 32202

Michael C. Markham Johnson, Pope, Bokor, Ruppel & Burns, LLP PO Box 1100 Tampa, FL 33601

Carlton Fields PO Box 3239 Tampa, FL 33601-3239

G/B/H Four Star, LLC Hilton Management, LLC 7930 Jones Branch Dr. Mc Lean, VA 22102

1101 SW 49 Ave, LLC c/o Polenberg Cooper, PPLC 1351 Sawgrass Corporate Pkwy Suite 101 Ft Lauderdale, FL 33323

Dell Financial Services, LP Bldg A, Suite 101 14050 Summit Drive Austin, TX 78758

Gary Capuano c/o Maney & Gordon, P.A. 101 E Kennedy Blvd Suite 3170 Tampa, FL 33602

Arpan Petroleum, Inc. c/o Armistead Ellis, PA 319 N Ridgewood Ave Daytona Beach, FL 32114 **FDIC** c/o Dora Kaufman 44 W Flagler Street 25th Floor Miami, FL 33310

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Attorneys' Title Fund Servic 6545 Corporate Cente Blvd Orlando, FL 32822

FDIC as Receiver for AmTrust Bank c/o Jennifer Goosenberg 700 N Brand Blvd Suite 830

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Bank of America c/o Akerman, LLP 50 Laura Street Suite 3100 Jacksonville, FL 32202 FDIC as Receiver for BankUnited, FSB JP Morgan Chase c/o Jennifer Goosenberg 700 N Brand Blvd Suite 830 Glendale, CA 91203

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MJE Family Investment, LLC c/o Broad & Cassell PO Drawer 1130 Tallahassee, FL 32301

BK Properties II, LLC c/o Zorian Sperkacz, PA 12000 Biscayne Blvd Suite 206 Miami, FL 33181

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Regions Bank c/o Negrin & Associates, PA 783 N.W. 42 Ave Suite 428 Miami, FL 33132

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Travelers Indemnity Co of CT St. Paul Fire & Marine Ins C c/o Stroock Stroock & Lavan 200 S. Biscayne Blvd #3100 Miami, FL 33131-5323

Washington Mutual Bank c/o Akerman, LLP 50 Laura Street Suite 3100 Jacksonville, FL 32202

White & Luczak, PA 655 W Morse Blvd #111 Winter Park, FL 32789

## United States Bankruptcy Court Middle District of Florida

| In re            | ATIF, Inc.   |  | Case No.                               |  |
|------------------|--|--|--|--|
|                  |  | Debtor(s)  | Chapter                                | 11   |
|                  | CORPO  | PRATE OWNERSHIP STATEMENT  | (RULE 7007.1)                          |  |
| recusa<br>corpor | al, the undersigned counsel for _cation(s), other than the debtor of | ATIF, Inc. in the above captioned action a governmental unit, that directly or in the attention or states that there are no entities to report | on, certifies that the directly own(s) | he following is a (are)<br>10% or more of any class of |
| ■ Nor            | ne [ <i>Check if applicable</i> ]                                    |  |  |  |
|                  | n 2, 2017  | /s/ Michael C. Markham   |  |  |
| Date             |  | Michael C. Markham Signature of Attorney or Litig  | ant                                    |  |
|                  |  | Counsel for ATIF, Inc.   |  |  |
|                  |  | Johnson, Pope, Bokor, Ruppel<br>& Burns, LLP   |  |  |
|                  |  | PO Box 1100  |  |  |
|                  |  | Tampa, FL 33601<br>813-225-2500 Fax:813-223-7118   | <b>;</b>                               |  |
|                  |  |  |  |  |