

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90164 047 \*\*\*150.00

**DOCUMENT # P40096**

1. Entity Name  
**CUMBERLAND COVE, INC.**

Principal Place of Business <b>2601 SOUTH BAYSHORE DRIVE          MIAMI FL 33133-5461</b>	Mailing Address <b>2601 S. BAYSHORE DRIVE          ATTN: LEGAL DEPT., SUITE 900          MIAMI FL 33133-5417</b>
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2. Principal Place of Business <b>4800 N. Federal Highway</b>	3. Mailing Address <b>200 S. Biscayne Boulevard</b>
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Suite, Apt. #, etc. <b>Suite 105E</b>	Suite, Apt. #, etc. <b>Suite 4900</b>
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City & State <b>Boca Raton, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33431</b>	Country	Zip <b>33131</b>	Country
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4. FEI Number **59-1420809** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GOLDMAN, JOEL K  
 2601 SOUTH BAYSHORE DRIVE  
 MIAMI FL 33133-5461**

7. Name and Address of New Registered Agent  
 Name **K. Lawrence Gragg**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd., Suite 4900**  
 City **Miami** FL Zip Code **33131**

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 *K. Lawrence Gragg* DATE **4/28/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>GOLDMAN, JOEL K.</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ALLEN, MATTHEW</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAGUARDIA, JOHN</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>FISCHER, JOHN H.</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAS</b> <b>COOK, PAULA</b> <b>2601 S. BAYSHORE DRIVE</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JEFFREY, THOMAS W</b> <b>2601 S BAYSHORE DR</b> <b>MIAMI FL 33133</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Ackerman, Richard S.</b> <b>4800 N. Federal Highway, Suite 105E</b> <b>Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Gitlin, Gene</b> <b>4800 N. Federal Highway, Suite 105E</b> <b>Boca Raton, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard S. Ackerman* DATE **4/30/00** 561-395-9666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)