

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90391 011 \*\*\*150.00

**DOCUMENT # P40096**  
 1. Entity Name  
**CUMBERLAND COVE, INC.**

Principal Place of Business      Mailing Address  
**4800 N FEDERAL HWY      200 S. BISCAYNE BLVD.**  
**STE 105E                      SUITE 4900**  
**BOCA RATON, FL 33431      MIAMI, FL 33131**

**A0068340**

2. Principal Place of Business      3. Mailing Address  
**13790 NW 4TH STREET      13790 NW 4TH STREET**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
**SUITE 113                                  SUITE 113**

DO NOT WRITE IN THIS SPACE

City & State                                  City & State  
**SUNRISE, FL                                  SUNRISE, FL**

4. FEI Number                                  Applied For  
**59-1420809**                                  Not Applicable

Zip                                  Country                                  Zip                                  Country  
**33325    33325**

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

**6. Name and Address of Current Registered Agent**  
**GRAGG, LAWRENCE K.**  
**200 S. BISCAYNE BLVD.**  
**SUITE 4900**  
**MIAMI, FL 33131**

**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, 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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>ACKERMAN, RICHARD S</b> <b>4800 N FEDERAL HWY, SUITE 105E</b> <b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>GITLIN, GENE</b> <b>4800 N. FEDERAL HWY, SUITE 105E</b> <b>BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>AHERN, PATRICK M.</b> <b>C/O AHERN, 2 GREENWICH PLAZA</b> <b>GREENWICH, CT 06830</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>GIBLIN JR., E.M.</b> <b>13790 N.W. 4TH ST, SUITE 113</b> <b>SUNRISE, FL 33325</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>WILCOX II, R. JOHN</b> <b>C/O AHERN, 2 GREENWICH PLAZA</b> <b>GREENWICH, CT 06830</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>WILCOX, ROBERT J.</b> <b>C/O AHERN, 2 GREENWICH PLAZA</b> <b>GREENWICH, CT 06830</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MILLER, ANDREA</b> <b>13790 N.W. 4TH ST, SUITE 113</b> <b>SUNRISE, FL 33325</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

CR2E034 (11/00)

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 in an attachment with an address, with all other like empowered.

**SIGNATURE:**  **E.M. GIBLIN, JR**      **4/26/01**      **954-838-700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #