

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90038 024 ***150.00

DOCUMENT # P93000046398

1. Entity Name
AG TITLE CORPORATION

Principal Place of Business Mailing Address
2601 S BAYSHORE DR **2601 S BAYSHORE DR**
9TH FLOOR **9TH FLOOR**
MIAMI FL 33133-5461 **MIAMI FL 33133-5412**

2. Principal Place of Business 3. Mailing Address
4800 N. Federal Highway **200 S. Biscayne Boulevard**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 105E **Suite 4900**

City & State City & State
Boca Raton, FL **Miami, FL**

Zip Country Zip Country
33431 **33131** **33131**

4. FEI Number Applied For
65-0436600 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 S BAYSHORE DR
9TH FLOOR
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. **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	DV	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W		NAME	Ackerman, Richard S.	
STREET ADDRESS	2601 S BAYSHORE DR		STREET ADDRESS	4800 N. Federal Highway, Suite 105E	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, JOHN H		NAME	Gitlin, Gene	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FL		STREET ADDRESS	4800 N. Federal Highway, Suite 105E	
CITY-ST-ZIP	MIAMI FL 33133-5461		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	PSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K.		NAME		
STREET ADDRESS	2601 S BAYSHORE DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		
TITLE	VASC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, PAULA		NAME		
STREET ADDRESS	2601 S BAYSHORE DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGUARDIA, JOHN		NAME		
STREET ADDRESS	2601 S BAYSHORE DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Richard S. Ackerman* Date 4/30/00 Daytime Phone # 561-395-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR