

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 224521**

1. Entity Name

**ATLANTIC GULF COMMUNITIES MANAGEMENT CORPORATION****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90038 046 \*\*\*150.00

Principal Place of Business

Mailing Address

LEGAL DEPT 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133-2461LEGAL DEPT 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FLA 33133-5417

2. Principal Place of Business

4800 N. Federal Highway

3. Mailing Address

200 S. Biscayne Boulevard

Suite, Apt. #, etc.  
Suite 105ESuite, Apt. #, etc.  
Suite 4900City & State  
Boca Raton, FLCity & State  
Miami, FLZip  
33431

Country

Zip  
33131

Country

4. FEI Number **59-1092221**

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**GOLDMAN, JOEL K  
LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR  
MIAMI FL 33133Name **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

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

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

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

Richard S. Ackerman 4/30/00 561-395-9666

Date

Daytime Phone #