

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

05-16-2001 90391 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 224521

1. Entity Name

ATLANTIC GULF COMMUNITIES MANAGEMENT CORPORATION

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

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

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

Zip	Country	Zip	Country
33325		33325	

4. FEI Number	Applied For
59-1092221	<input type="checkbox"/> Not Applicable

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	Delete
PD	ACKERMAN, RICHARD S	4800 N FEDERAL HWY, SUITE 105E	BOCA RATON, FL 33431	<input checked="" type="checkbox"/>
V	GITLIN, GENE	4800 N. FEDERAL HWY, SUITE 105E	BOCA RATON, FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: _____

E.M. GIBLIN, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

954-838-7100

Daytime Phone #