

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B96000000240

1. Entity Name

AGCR LIMITED PARTNERSHIP

FILED

01 JUN 18 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4900 N. FEDERAL HWY., SUITE 105E  
BOCA RATON FL 33431

Mailing Address

4900 N. FEDERAL HWY., SUITE 105E  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0673475

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAGG, K. LAWRENCE

200 S. BISCAYNE BLVD., SUITE 4900

MIAMI FL 33131

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. Capital Contributions  
as Shown on record.

\$1.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000042433  
NAME ATLANTIC GULF RECEIVABLES CORPORATION  
STREET ADDRESS 4900 N FEDERAL HWY., SUITE 105E  
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS 13790 NW 4th STREET, SUITE 113  
CITY-ST-ZIP SUNRISE FL 33325

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP 200004437522--6  
-06/22/01--01061--026

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*52.50 \*\*\*\*\*52.50

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NAME  
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STREET ADDRESS  
CITY-ST-ZIP 200004437522--6  
-06/22/01--01061--027  
\*\*\*\*\*80.75 \*\*\*\*\*80.75

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STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01

Date

954-838-7100

Daytime Phone #

CR2E003 (11/00)