

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90391 003 \*\*\*150.00

**DOCUMENT # G68883**

1. Entity Name

**ATLANTIC GULF C.C. CORP.**

Principal Place of Business <b>4800 N. FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431</b>	Mailing Address <b>200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131</b>
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**A0068348**

2. Principal Place of Business <b>13790 NW 4TH STREET</b>	3. Mailing Address <b>13790 NW 4TH STREET</b>
Suite, Apt. #, etc. <b>SUITE 113</b>	Suite, Apt. #, etc. <b>SUITE 113</b>
City & State <b>SUNRISE, FL</b>	City & State <b>SUNRISE, FL</b>
Zip <b>33325</b>	Country
Zip <b>33325</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2345044</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 ACKERMAN, RICHARD S 4800 N FEDERAL HWY, SUITE 105E BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V GITLIN, GENE 4800 N. FEDERAL HWY, SUITE 105E 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 AHERN, PATRICK M. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD GIBLIN JR., E.M. 13790 N.W. 4TH ST, SUITE 113 SUNRISE, FL 33325</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD WILCOX II, R. JOHN C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD WILCOX, ROBERT J. C/O AHERN, 2 GREENWICH PLAZA GREENWICH, CT 06830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V MILLER, ANDREA 13790 N.W. 4TH ST, SUITE 113 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

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.**

**04/26/01**

**954-838-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #