

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90391 002 \*\*\*150.00

**DOCUMENT #** P94000012322

1. Entity Name

**ATLANTIC GULF COMMERCIAL REALTY, INC.**

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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2. Principal Place of Business <b>13790 NW 4TH STREET</b>	3. Mailing Address <b>13790 NW 4TH STREET</b>
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Suite, Apt. #, etc. <b>SUITE 113</b>	Suite, Apt. #, etc. <b>SUITE 113</b>
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City & State <b>SUNRISE, FL</b>	City & State <b>SUNRISE, FL</b>
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Zip <b>33325</b>	Country	Zip <b>33325</b>	Country
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4. FEI Number <b>65-0470152</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 <b>FL</b> 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 <b>PD</b>	NAME <b>ACKERMAN, RICHARD S</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>4800 N FEDERAL HWY, SUITE 105E</b>		
CITY - ST - ZIP <b>BOCA RATON, FL 33431</b>		
TITLE <b>V</b>	NAME <b>GITLIN, GENE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>4800 N. FEDERAL HWY, SUITE 105E</b>		
CITY - ST - ZIP <b>BOCA RATON, FL 33431</b>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**E.M. GIBLIN, JR.**

**04/26/01**

**954-838-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)