

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90038 027 \*\*\*150.00

**DOCUMENT # P94000075630**

1. Entity Name

**AGC SANCTUARY CORPORATION**

Principal Place of Business

2601 S. BAYSHORE DRIVE  
 MIAMI FL 33133-5461

Mailing Address

2601 S. BAYSHORE DRIVE  
 ATTN: LEGAL DEPT., SUITE 900  
 MIAMI FL 33133-5417

2. Principal Place of Business

4800 N. Federal Highway

3. Mailing Address

200 S. Biscayne Boulevard

Suite, Apt. #, etc.  
 Suite 105E

Suite, Apt. #, etc.  
 Suite 4900

City & State  
 Boca Raton, FL

City & State  
 Miami, FL

4. FEI Number **65-0525941**

Applied For  
 Not Applicable

Zip  
 33431

Country

Zip  
 33131

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

**GOLDMAN, JOEL K**  
**2601 S. BAYSHORE DRIVE**  
**9TH FLOOR**  
**MIAMI FL 33133-5461**

Name **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 **PD** ☒ Delete  
 NAME **JEFFREY, THOMAS W**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **P/D** ☐ Change ☒ Addition  
 NAME **Ackerman, Richard S.**  
 STREET ADDRESS **4800 N. Federal Highway, Suite 105E**  
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **V** ☒ Delete  
 NAME **GILLETTE, J T**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **V** ☐ Change ☒ Addition  
 NAME **Gitlin, Gene**  
 STREET ADDRESS **4800 N. Federal Highway, Suite 105E**  
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **VT** ☐ Delete  
 NAME **FISCHER, JOHN H**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133-5461**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSD** ☐ Delete  
 NAME **GOLDMAN, JOEL K.**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VDCA** ☒ Delete  
 NAME **COOK, PAULA**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☒ Delete  
 NAME **WOODBURY, KIMBALL D**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133-5461**

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #