

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90203 017 \*\*\*158.75

DOCUMENT # **P95000010093**

1. Corporation Name  
**ATLANTIC GULF OF TAMPA, INC.**

Principal Place of Business  
**2601 S BAYSHORE DR 9TH FLOOR  
MIAMI FL 33133-5461**

Mailing Address  
**2601 S BAYSHORE DR 9TH FLOOR  
MIAMI FL 33133-5461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**02/07/1995**

4. FEI Number

**65-0556362**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **JEFFREY, THOMAS W**

STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**

CITY-ST-ZIP **MIAMI FL 33133-5461**

TITLE **VSD** ☐ DELETE

NAME **GOLDMAN, JOEL K.**

STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**

CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE

NAME **GILLETTE, J T**

STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**

CITY-ST-ZIP **MIAMI FL 33133-5461**

TITLE **VAS** ☒ DELETE

NAME **LANGLEY, MARCIA H**

STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**

CITY-ST-ZIP **MIAMI FL**

TITLE **VT** ☐ DELETE

NAME **FISCHER, JOHN H**

STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**

CITY-ST-ZIP **MIAMI FL 33133-5461**

TITLE **VCAS** ☐ DELETE

NAME **COOK, PAULA**

STREET ADDRESS **2601 S BAYSHORE DR**

CITY-ST-ZIP **MIAMI FL 33133**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**P**

**Gillette, J. Thomas**

**2601 S. Bayshore Drive - 9th Floor**

**Miami FL 33133-5461**

**V/T/D**

**Fischer, John H-**

**2601 S. Bayshore Drive - 9th Floor**

**Miami, Florida 33133-5461**

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-859-4000**

0192776

CR2E034 (11/98)