## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P96000042433 May 16, 2000 8:00 am Secretary of State 1. Entity Name ATLANTIC GULF RECEIVABLES CORPORATION 05-16-2000 90164 002 \*\*\*150.00 Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE ATTN: LEGAL DEPT. SUITE 900 MIAMI FL 33133-5461 MIAMI FL 33133-5417 3. Mailing Address. Biscayne Boulevard 2.4800 N. Federal Highway Suite Apt # etc. Suite 4900 DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. Suite 105E Applied For City & State City & State 4. FEI Number 65-0667549 Boca Raton, FL Miami, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33431 33131 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name K. Lawrence Gragg goldman, Joel K Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR 200 S. Biscayne Blvd., Suite 4900 MIAMI FL 33133-5461 Zip Code 33131 Miami 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS P/D XX Delete TITLE TITLE Ackerman, Richard S. NAME JEFFREY, THOMAS W NAME STREET ADDRESS STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE 4800 N. Federal Highway, Suite 105E CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133-5461 Boca Raton, FL 33431 Addition Change VTD xxx Delete TITLE NAME FISCHER, JOHN H NAME Gitlin, Gene 2601 SOUTH BAYSHORE DRIVE STREET ADDRESS 4800 N. Federal Highway, Suite 105E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MJAMI FL 33133-5461 Boca Raton, FL 33431 □ Change ☐ Addition TITLE XX Delete TITLE GOLDMAN, JOEL K NAME STREET ADDRESS STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33133-5461 Change Addition TITLE **VCAS** Delete COOK, PAULA NAME NAME STREET ADDRESS STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33133 X X L | Delete ☐ Addition TITLE TITLE LAGUARDIA, JOHN NAME NAME 2601 SOUTH BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** XX Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS

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 preceive 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 attac an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

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

SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #