

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056715

1. Entity Name

AG SANCTUARY OF ORLANDO, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90038 026 \*\*\*150.00

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133-5461

Mailing Address

2601 S. BAYSHORE DRIVE  
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

65-0680069

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VSD GOLDMAN, JOEL 2601 S. BAYSHORE DR. MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FISCHER, JOHN H 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODBURY, KIMBALL D 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLETTE, J T 2601 S. BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEFFREY, THOMAS W 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAGUARDIA, JOHN 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Ackerman, Richard S. 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gitlin, Gene 4800 N. Federal Highway, Suite 105E Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #