

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90038 028 ***150.00

DOCUMENT # P97000051386

1. Entity Name
AGC-SP4, INC.

Principal Place of Business 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	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
Zip 33431	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GOLDMAN, JOEL K
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

4. FEI Number **65-0763166** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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 *K. Lawrence Gragg* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED JEFFREY, THOMAS W 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FISCHER, JOHN H 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANNES, LISA D 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASC COOK, PAULA 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAGUARDIA, JOHN 2601 S. BAYSHORE DRIVE MIAMI FL 33133 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: *Richard S. Ackerman* **Richard S. Ackerman** 4/30/00 561-395-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #