

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

Mailing Address

**2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133****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

Zip

33131

Country

4. FEI Number

65-0763166

Applied For

Not Applicable

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 SOUTH BAYSHORE DRIVE
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

4/28/009. 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	Delete
PCED	JEFFREY, THOMAS W	2601 SOUTH BAYSHORE DRIVE	MIAMI FL 33133	<input checked="" type="checkbox"/>
DVT	FISCHER, JOHN H	2601 SOUTH BAYSHORE DRIVE	MIAMI FL 33133	<input checked="" type="checkbox"/>
DVS	GOLDMAN, JOEL K	2601 SOUTH BAYSHORE DRIVE	MIAMI FL 33133	<input type="checkbox"/>
V	ANNESS, LISA D	2601 SOUTH BAYSHORE DRIVE	MIAMI FL 33133	<input checked="" type="checkbox"/>
VASC	COOK, PAULA	2601 SOUTH BAYSHORE DRIVE	MIAMI FL 33133	<input checked="" type="checkbox"/>
V	LAGUARDIA, JOHN	2601 S. BAYSHORE DRIVE	MIAMI FL 33133	<input checked="" type="checkbox"/>

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

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 #