

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051419

1. Entity Name

AGC-SP5, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90038 029 \*\*\*150.00

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

4. FEI Number 65-0763162

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 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

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 PCED  
NAME JEFFREY, THOMAS W  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE P/D  
NAME Ackerman, Richard S.  
STREET ADDRESS 4800 N. Federal Highway, Suite 105E  
CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Addition

TITLE DVT  
NAME FISCHER, JOHN H  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE V  
NAME Gitlin, Gene  
STREET ADDRESS 4800 N. Federal Highway, Suite 105E  
CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Addition

TITLE DVS  
NAME GOLDMAN, JOEL K  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME ANNESS, LISA D  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VASC  
NAME COOK, PAULA  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME LAGUARDIA, JOHN  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #