

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095080

1. Entity Name

ATLANTIC GULF SHORE NATURES COVE, INC.

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

05-16-2000 90164 005 \*\*\*150.00

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE #900  
MIAMI FL 33133-5461

Mailing Address

2601 SOUTH BAYSHORE DRIVE #900  
MIAMI FL 33133-5412

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875688

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 ESQ.  
2601 SOUTH BAYSHORE DRIVE  
9TH FLOOR  
MIAMI FL 33133-5461

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	VD	<input checked="" type="checkbox"/> Delete
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE #900	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, JOEL K	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE #900	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE #900	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEED, FRANK	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE #900	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VASC	<input checked="" type="checkbox"/> Delete
NAME	COOK, PAULA	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE #900	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAGUARDIA, JOHN	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE #900	
CITY-ST-ZIP	MIAMI FL 33133-5461	

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

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 #

CR2E034 (9/99)