

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90035 009 \*\*\*150.00

**DOCUMENT # P98000095080**

**1. Entity Name**  
**ATLANTIC GULFSHORE NATURES COVE, INC.**

**Principal Place of Business**  
**13790 NW 4TH STREET**  
**SUITE 113**  
**SUNRISE FL 33325**

**Mailing Address**  
**C/O WEST BAY CLUB ADMINISTRATION**  
**4610 WEST BAY BOULEVARD**  
**ESTERO FL 33928**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**4610 WEST BAY BLVD**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**ESTERO FLORIDA**

**City & State**

**4. FEI Number**  
**65-0875688**

**Applied For**  
**Not Applicable**

**Zip**  
**33928**

**Country**  
**USA**

**Zip**

**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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VD** ☐ Delete  
**NAME** **AHERN, PATRICK M**  
**STREET ADDRESS** **% AHERN, 2 GREENWICH PLAZA**  
**CITY-ST-ZIP** **GREENWICH CT 06830**

**TITLE** **President** ☒ Change ☐ Addition  
**NAME** **PATRICK M. Ahern**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VD** ☐ Delete  
**NAME** **GIBLIN, E.M. JR.**  
**STREET ADDRESS** **13790 NW 4TH STREET STE 113**  
**CITY-ST-ZIP** **SUNRISE FL 33325**

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

**TITLE** **SD** ☐ Delete  
**NAME** **WILCOX, R. JOHN II**  
**STREET ADDRESS** **% AHERN, 2 GREENWICH PLAZA**  
**CITY-ST-ZIP** **GREENWICH CT 06830**

**TITLE** **Secretary** ☒ Change ☐ Addition  
**NAME** **John R. Wilcox II**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **CASHION, STEPHEN**  
**STREET ADDRESS** **4610 WEST BAY BLVD.**  
**CITY-ST-ZIP** **ESTERO FL 33928**

**TITLE** **Treasurer/Director** ☒ Change ☐ Addition  
**NAME** **Stephen J. Cashion**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **P** ☒ Delete  
**NAME** **WEED, FRANK**  
**STREET ADDRESS** **22051 ATLANTIC GULF BLVD.**  
**CITY-ST-ZIP** **ESTERO FL 33928**

**TITLE** **VP/D** ☒ Change ☒ Addition  
**NAME** **Larry C. Matzick**  
**STREET ADDRESS** **22051 Atlantic Gulf Blvd.**  
**CITY-ST-ZIP** **Estero, FL 33928**

**TITLE** **D** ☒ Delete  
**NAME** **WILCOX, ROBERT J**  
**STREET ADDRESS** **% AHERN, 2 GREENWICH PLAZA**  
**CITY-ST-ZIP** **GREENWICH CT 06830**

**TITLE** **V** ☒ Change ☒ Addition  
**NAME** **Michael J Ahern**  
**STREET ADDRESS** **46 Ahern Partners**  
**CITY-ST-ZIP** **Two Greenwich Plaza**  
**Greenwich CT 06830**

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-02**

Date

**(941) 498-7770 x107**

Daytime Phone #

CR2E034 (9/01)