

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90391 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85676

1. Entity Name

ATLANTIC GULF COMMUNITIES SERVICE CORP.

Principal Place of Business 4800 N FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431	Mailing Address 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131
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2. Principal Place of Business
13790 NW 4TH STREET

3. Mailing Address
13790 NW 4TH STREET

Suite, Apt. #, etc.
SUITE 113

Suite, Apt. #, etc.
SUITE 113

City & State
SUNRISE, FL

City & State
SUNRISE, FL

Zip
33325

Country

Zip
33325

Country

4. FEI Number
65-0293788

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

A0068345

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAGG, LAWRENCE K.
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI, FL 33131**

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, 2001 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 PD	<input checked="" type="checkbox"/> Delete
NAME ACKERMAN, RICHARD S	
STREET ADDRESS 4800 N FEDERAL HWY STE 105E	
CITY - ST - ZIP BOCA RATON, FL 33431	

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AHERN, PATRICK M.	
STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA	
CITY - ST - ZIP GREENWICH, CT 06830	

TITLE V	<input type="checkbox"/> Delete
NAME GITLIN, GENE	
STREET ADDRESS 4800 N FEDERAL HWY STE 105E	
CITY - ST - ZIP BOCA RATON, FL 33431	

TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIBLIN JR., E.M.	
STREET ADDRESS 13790 NW 4TH STREET STE 113	
CITY - ST - ZIP SUNRISE, FL 33325	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILCOX II, R. JOHN	
STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA	
CITY - ST - ZIP GREENWICH, CT 06830	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILCOX, ROBERT J	
STREET ADDRESS C/O AHERN, 2 GREENWICH PLAZA	
CITY - ST - ZIP GREENWICH, CT 06830	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, ANDREA	
STREET ADDRESS 13790 NW 4TH STREET STE 113	
CITY - ST - ZIP SUNRISE, FL 33325	

TITLE	<input type="checkbox"/> Delete
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:

E.M. GIBLIN, JR.

04/26/01

954-838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #