

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90063 047 ****61.25

DOCUMENT # 718642

1. Entity Name

SAVOY EAST ASSOCIATION, INC.

Principal Place of Business

**3210 S.E. 10TH STREET
 POMPANO BEACH FL 33062**

Mailing Address

**3210 S.E. 10TH STREET
 POMPANO BEACH FL 33062**

719005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1523410

Applied For

Not Applicable

Zip

Country

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

**KAYE & ROGER, P.A
 C/O ROBERT KAYE
 6261 NW 6TH WAY STE 103
 FT. LAUDERDALE FL 33309**

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 _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MCCABE, NANCY**
 STREET ADDRESS **3210 SE 10 STREET**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE Delete
 NAME **D DODGE, VIVIAN**
 STREET ADDRESS **3210 SE 10 ST**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE Delete
 NAME **D DA SILVA, RUBEN**
 STREET ADDRESS **3210 SE 10TH STREET**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE Delete
 NAME **VPD DIFABIO, VINCENT**
 STREET ADDRESS **3210 SE 10TH STREET**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE Delete
 NAME **SDTD PHILLIPS, JANET**
 STREET ADDRESS **3210 SE 10TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE Delete
 NAME **D DRUSSOS, NICK**
 STREET ADDRESS **3210 SE 10TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2001
 Date

Daytime Phone # _____

CR2E037 (10/00)