

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000014911

Entity Name: SAI FL HC8, INC.

**Current Principal Place of Business:**

4401 COLWICK ROAD  
CHARLOTTE, NC 28211

**Current Mailing Address:**

4401 COLWICK ROAD  
CHARLOTTE, NC 28211 US

FEI Number: 59-3560058

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name JOHNSON, CAROLYN  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title ASSISTANT TREASURER  
Name JOHNSON, CAROLYN  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP  
Name BYRD, HEATH R.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title VP  
Name RUSS, JOHN  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title PRESIDENT  
Name SMITH, DAVID B.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title TREASURER  
Name BYRD, HEATH R.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title SECRETARY  
Name COSS, STEPHEN K.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

Title DIRECTOR  
Name SMITH, DAVID B.  
Address 4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: STEPHEN K. COSS

SECRETARY

04/03/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BYRD, HEATH R.  
Address         4401 COLWICK ROAD  
City-State-Zip: CHARLOTTE NC 28211