

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18759**

1. Entity Name

THE SAVINGS GROUP, L.P.

Principal Place of Business

2700 W. CYPRESS CREEK RD., SUITE D-123
FT. LAUDERDALE FL 33309

Mailing Address

2700 W. CYPRESS CREEK RD., SUITE D-123
FT. LAUDERDALE FL 33309

2. Principal Place of Business

6192 VIA VENETIA NORTH

Suite, Apt. #, etc.

3. Mailing Address

6192 VIA VENETIA NORTH

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

City & State

DELRAY BEACH, FL

Zip

33484

Country

USA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

36-3297158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPER, RONALD B
2700 W. CYPRESS CREEK RD.
STE D-123
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

RONALD B. OPPER

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

6192 VIA VENETIA NORTH

City

DELRAY BEACH

FL

Zip Code

33484

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.

3/11/02

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P25049
NAME J.T.H., INC.
STREET ADDRESS 1419 LAKE COOK ROAD, #444
CITY-ST-ZIP DEERFIELD IL 60015

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P25048
NAME H.J. ISAACSON, INC.
STREET ADDRESS 3908 W. BERTEAU
CITY-ST-ZIP CHICAGO IL 60618

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/02

Date

Daytime Phone #

CR2E003 (9/01)