

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25269**

1. Entity Name

**SAVAGE BOULEVARD ASSOCIATES, LTD.**

Principal Place of Business

**319 MONROE DRIVE  
W. PALM BEACH FL 33405**

Mailing Address

**319 MONROE DRIVE  
W. PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0030992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DUE BY MAY 1, 2002**



6. Name and Address of Current Registered Agent

**VEGOSEN, DEAN  
500 SOUTH AUSTRALIAN AVENUE  
10TH FLOOR  
WEST PALM BEACH FL 33402**

7. Name and Address of New Registered Agent

Name  
**DEAN VEGOSEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**515 N. FLAGLER DR.  
18TH FLOOR  
WEST PALM BEACH FL 33401**

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.

**IM SUTTER PRESIDENT, ELWILL SAVAGE INC.**

DATE

**3/20/02**

9. Capital Contributions  
as Shown on record.

**\$500,000.00**

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

DOCUMENT # **J03139**  
NAME **ELWILL SAVAGE, INC.**  
STREET ADDRESS **319 MONROE DRIVE**  
CITY-ST-ZIP **W. PALM BEACH FL**

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**100005181411--8  
04/02/02 01010 016  
\*\*\*\*526.25 \*\*\*\*526.25**

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

**IM SUTTER Pres.**

Date

Daytime Phone #

**3/20/02 5618200021**

0011608 AT

CR2E003 (9/01)

STAPLE CHECK HERE