

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002803

1. Entity Name

SAFE BERTH MAINTENANCE, INC.

FILED

Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90077 016 \*\*\*150.00

Principal Place of Business

Mailing Address

CHATHAM CENTER DR  
350 ORLEAN BLDG  
SAVANNAH GA 31405

6001 CHATHAM CENTER DR  
SUITE 350 ORLEAN BLDG  
SAVANNAH GA 31405-1370

2. Principal Place of Business

3. Mailing Address

P. O. Box 2253

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Savannah, GA

Zip

Country

Zip

31402

Country

4. FEI Number

58-2111564

Applied For

Not Applicable

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

BURCH, KEN  
5051 PROPELLEN DRIVE  
JACKSONVILLE FL 32206

Name

Robert C. Schuler

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

5051 Propeller Drive

City

Jacksonville

FL

Zip Code

32226

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

*Robert C. Schuler*  
Signature, typed or printed name of registered agent and title if applicable.

*Robert C. Schuler Gen Mgr, FL*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*4/19/00*

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
PEEPLES, FRANK K.  
6001 CHATHAM CENTER DR, SUITE 350  
SAVANNAH GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
31405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAYFIELD, E. GAY  
6001 CHATHAM CENTER DR, SUITE 350  
SAVANNAH GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
31405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
STROUSE, DEBRA M  
6001 CHATHAM CENTER DR, SUITE 350  
SAVANNAH GA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Ann P. Cox  
6001 Chatham Ctr. Dr. Ste. 350  
Savannah, GA 31405 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
BENTON, JOHN R JR  
6001 CHATHAM CENTER DR, SUITE 350  
SAVANNAH GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
31405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Ann P. Cox, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/00* *(912)239-1331*  
Date Daytime Phone #

CR2E034 19/99