

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004928

1. Entity Name

S.B.S. FINANCIAL GROUP, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90059 006 \*\*\*150.00

Principal Place of Business

25 SYLVAN RD. S.  
WESTPORT CT 06890-3613

Mailing Address

934 EVE STREET  
DELRAY BEACH FL 33483  
US

700345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 06-1336135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHLICHER, ILENE W  
934 EVE STREET  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

4001 N. OCEAN BLVD. #604

Suite, Apt. #, etc.

City

BOCA RATON

FL

Zip Code 33431

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

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, 2001 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

TITLE PC  
NAME SCHLICHER, ILENE W  
STREET ADDRESS 934 EVE STREET  
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE VSTD  
NAME SCHLICHER, WILLIAM J III  
STREET ADDRESS 934 EVE STREET  
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

TITLE VD  
NAME BUGNAZET, EDWARD A JR  
STREET ADDRESS 18 WYNDHAM CLOSE  
CITY-ST-ZIP WHITE PLAINS NY 10605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4001 North Ocean Blvd. - B604  
CITY-ST-ZIP Boca Raton, FL 33431 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 4001 North Ocean Blvd. - B604  
CITY-ST-ZIP BOCA RATON, FL 33431 ☒ Change ☐ Addition

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

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

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

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)(l), 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:

*Ilene W. Schlicher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES + CEO  
ILENE W. SCHLICHER 1/19/01 (561) 394-3100  
Date Daytime Phone #

0301211

CR2E034 (10/00)