

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

06-12-2002 90239 033 ***150.00

DOCUMENT # F98000000378

1. Entity Name
SRB MGT. CORP.

Principal Place of Business
350 EAST LAS OLAS BLVD
SUITE 1400
FORT LAUDERDALE FL 33301

Mailing Address
350 EAST LAS OLAS BLVD
SUITE 1400
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 SE 17 Street
 Suite, Apt. #, etc.
Suite 306

3. Mailing Address
1600 SE 17 Street
 Suite, Apt. #, etc.
Suite 306

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **65-0803024**

Applied For
 Not Applicable

Zip
33316

Country
USA

Zip
33316

Country
USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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, 2002 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 **PC** ☐ Delete
 NAME **BERRARD, STEVEN R**
 STREET ADDRESS **110 S.E. 6TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **PC** ☒ Change ☐ Addition
 NAME **Berrard, Steven R**
 STREET ADDRESS **1600 SE 17 Street, Suite 306**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **WVC** ☐ Delete
 NAME **BYRNE, THOMAS C**
 STREET ADDRESS **1 FINANCIAL PLAZA, SUITE 1100**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **WVC** ☒ Change ☐ Addition
 NAME **Byrne, Thomas C.**
 STREET ADDRESS **1600 SE 17 Street, Suite 306**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **S** ☒ Delete
 NAME **AVCAMP, THOMAS**
 STREET ADDRESS **1 FINANCIAL PLAZA, SUITE 1100**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **S** ☒ Change ☐ Addition
 NAME **Aucamp, Thomas**
 STREET ADDRESS **1600 SE 17 Street, Suite 306**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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:

SIGNATURE REQUIRED
Thomas Byrne

4/30/02

954-713-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)