

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90219 036 \*\*\*150.00

**DOCUMENT # F98000003072**



1. Entity Name  
**SAI SOUTHEAST COMMAND CENTER, INC.**

Principal Place of Business  
**2101 S. ARLINGTON HEIGHTS ROAD  
STE 150  
ARLINGTON HEIGHTS IL 60005**

Mailing Address  
**2101 S. ARLINGTON HEIGHTS ROAD  
STE 150  
ARLINGTON HEIGHTS IL 60005**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0467198**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RAYMOND, GROSS A	
STREET ADDRESS	2101 S. ARLINGTON HEIGHTS RD #150	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUBIN, STEPHEN	
STREET ADDRESS	2101 S. ARLINGTON HTS. RD., SUITE 150	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAMES, JENNINGS N	
STREET ADDRESS	2101 S. ARLINGTON HEIGHTS RD #150	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, RONALD I	
STREET ADDRESS	2101 S. ARLINGTON HTS. RD., SUITE 150	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVATORE, THOMAS J	
STREET ADDRESS	2101 S. ARLINGTON HTS. RD., SUITE 150	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MICHAEL B	
STREET ADDRESS	2101 S. ARLINGTON HTS. RD., SUITE 150	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BIRK	
STREET ADDRESS	2101 S. ARLINGTON HEIGHTS RD, STE. 150	
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60005	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 847/97-2929  
Date Date-time Phone #

CR2E034 (10/02)