

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93592 021 ***150.00

DOCUMENT # F99000004998

1. Entity Name

SAVONHBC.COM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5400 Broken Sound Blvd

3. Mailing Address
161 N. Clark St.

Suite, Apt. #, etc.
Ste. #100

Suite, Apt. #, etc.
Ste. 2600

City & State
Chicago, IL

City & State
Chicago, IL

4. FEI Number
65-0948074

Applied For
Not Applicable

33487

Country

Zip 60601

Country Cook

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION System

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

1200 SOUTH PINE ISLAND

City PLANTATION

FL

Zip Code 33324

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PCD
RICCIARDI, SALVATORE
5400 BROKEN SOUND BLVD., #100
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LELE S. GENIN
161 N. CLARK ST., Ste. 2600
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JEFFREY LEVITETZ
5400 BROKEN SOUND BLVD., #100
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lyle S. Genin 5/10/02 312/621-9700

Date

Daytime Phone #

CR2E034B (12/01)