

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90119 041 ***150.00

DOCUMENT # F99000006738

1. Entity Name
SRAC-GP, INC.



Principal Place of Business
**200 SOUTH ANDREWS AVENUE, 11TH FLOOR
FORT LAUDERDALE FL 33301**

Mailing Address
**200 SOUTH ANDREWS AVENUE, 11TH FLOOR
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

200 S. Andrews Avenue

Suite, Apt. #, etc.

Legal Dept - 11th Floor

City & State

Fort Land., FL

Zip

33301

Country

USA

4. FEI Number **52-2207158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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	DAS	<input type="checkbox"/> Delete
NAME	STEWART, GORDON W	
STREET ADDRESS	1201 MARKET STREET, SUITE 1700	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WOOD, MARY	
STREET ADDRESS	200 S. ANDREWS AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAMAEKERS, LAWRENCE	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SCHWARTZ, HOWARD D	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WILSON, LELAND F	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOOR, WAYNE	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM N. PLAMONDON, III	
STREET ADDRESS	200 S. Andrews Ave., Ft. Land., FL 33301	
CITY-ST-ZIP	200 S. Andrews Ave., Ft. Land., FL 33301	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas C. Laux	
STREET ADDRESS	200 S. Andrews Ave., Ft. Land., FL 33301	
CITY-ST-ZIP	200 S. Andrews Ave., Ft. Land., FL 33301	
TITLE	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O. MASON HURST, II	
STREET ADDRESS	200 S. Andrews Ave., Ft. Land., FL 33301	
CITY-ST-ZIP	200 S. Andrews Ave., Ft. Land., FL 33301	
TITLE	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWN B. KILCRENSE	
STREET ADDRESS	200 S. Andrews Ave., Ft. Land., FL 33301	
CITY-ST-ZIP	200 S. Andrews Ave., Ft. Land., FL 33301	
TITLE	D/V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

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

Howard D. Schwartz 4/1/03 954.320.4000
Date Daytime Phone #

CR2E034 (10/02)