

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2002 90094 021 ***550.00

DOCUMENT # J91179

1. Entity Name
SADDLEWOOD ESTATES, INC.

Principal Place of Business

1311 N. CHURCH AVE.
TAMPA FL 33607

Mailing Address

1311 N. CHURCH AVE.
TAMPA FL 33607

980380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0011144

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

HABER, RICHARD M.
1311 NORTH CHURCH AVENUE
TAMPA FL 33607

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD ☐ Delete
NAME LYNN, ANDREW J.
STREET ADDRESS 200 PAM AM CIR #16
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 1311 N. Church Ave.
CITY-ST-ZIP Tampa, FL 33607

TITLE VPD ☐ Delete
NAME HABER, RICHARD M.
STREET ADDRESS 1311 N. CHURCH AVE.
CITY-ST-ZIP TAMPA FL

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

TITLE STD ☐ Delete
NAME HABER, RICHARD M.
STREET ADDRESS 1311 N. CHURCH AVE.
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME SWENSON, DUANE
STREET ADDRESS 12300 W CENTER ST #200
CITY-ST-ZIP MILWAUKEE WI 53222

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)