

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

0063193 AV

DOCUMENT # K09525

1. Entity Name
SAVANNAH INDUSTRIAL PARK, INC.

02-28-2002 90068 029 ***150.00

Principal Place of Business Mailing Address
1601 NE BRAILLE PLACE 1601 NE BRAILLE PLACE
JENSEN BEACH FL 34957 JENSEN BEACH FL 34957
US US



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

65-0021434

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

THOMAS, WILLIAM A.
31 S.E. HARBOR POINT DR.
STUART FL 34996

Name **JACK PORTER**
 Street Address (P.O. Box Number is Not Acceptable)
C/O FOLEY + HARDMAN SUITE 202
PHILLIPS PT. EAST TOWEN 777-50. FLAGLER DR.
 City **WEST PALM BEACH** FL Zip Code **33401**

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

JACK PORTER
 (NOTE: Registered Agent signature required when reinstating)

1/23/02
 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 **PD** ☒ Delete
 NAME **THOMAS, WILLIAM A**
 STREET ADDRESS **31 S.E. HARBOR POINT DR.**
 CITY-ST-ZIP **STUART FL**

TITLE **P. D. S.** ☒ Change ☐ Addition
 NAME **WILLIAM A. THOMAS, JR.**
 STREET ADDRESS **1513- HILLSIDE DR.**
 CITY-ST-ZIP **FT. COLLINS, CO. 80524**

TITLE **TD** ☒ Delete
 NAME **THOMAS, HELEN S**
 STREET ADDRESS **31 S.E. HARBOR POINT DR.**
 CITY-ST-ZIP **STUART FL**

TITLE **V. T. P.** ☒ Change ☐ Addition
 NAME **DANIEL J. NEWBERG**
 STREET ADDRESS **ASST. U.P.**
 CITY-ST-ZIP **BANK OF AMERICA, N.A.**

TITLE **VSD** ☒ Delete
 NAME **SCHENK, ROBERT A**
 STREET ADDRESS **1601 NE BRAILLE PLACE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
 NAME **901-MAIN ST. 12th fl.**
 STREET ADDRESS **DALLAS, TX 75202-3714**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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: **DANIEL J. NEWBERG** **2/01/02 (214) 209-9590**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)