

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90118 038 \*\*\*150.00

**DOCUMENT # K69339**

1. Entity Name  
**BOB SAXON ASSOCIATES, INC.**



Principal Place of Business

**1500 COROVA RD  
#314  
FORT LAUDERDALE FL 33308  
US**

Mailing Address

**C/O CAMPERS & NICHOLSONS USA, INC.  
450 ROYAL PALM WAY  
PALM BEACH FL 33480**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1535 SE 17th Street**

Suite, Apt. #, etc.

**Suite B208**

City & State

**Ft. Lauderdale, FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

**65-0106615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FINKBEINER, RACHEL  
C/O CAMPER & NICHOLSONS USA, INC.  
450 ROYAL PALM WAY  
PALM BEACH FL 33480**

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

TITLE **DPT** ☐ Delete  
NAME **SAXON, ROBERT E.**  
STREET ADDRESS **1040 SEMINOLE DRIVE #853**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **DVPS** ☒ Delete  
NAME **SAXON, KAROLYN**  
STREET ADDRESS **2203 N CENTRAL AVE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Jillian Montgomery**  
STREET ADDRESS **#7 517 SW 17th Ave.**  
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Rachel Finkbeiner**  
STREET ADDRESS **3800 Embassy Drive**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

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

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE

*Rachel Finkbeiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rachel Finkbeiner**

**1/3/03**

Date

**561/655-2121**

Daytime Phone #

CR2E034 (10/02)