

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90134 043 \*\*\*\*50.00

**DOCUMENT # L00000016342**

1. Entity Name

**SAVANNAH SPRINGS LLC**

Principal Place of Business

**8350 N.W. 52ND TERRACE, STE. 107  
 MIAMI FL 33166**

Mailing Address

**8350 N.W. 52ND TERRACE, STE. 107  
 MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1116143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BABCOCK, CALVIN H  
 8350 N.W. 52ND TERRACE, STE. 107  
 MIAMI FL 33166**

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.

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 \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **BABCOCK, CALVIN H**  
 CITY-ST-ZIP **8350 N.W. 52ND TERRACE, STE. 107  
 MIAMI FL 33166**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **GRIFFIN, C. TERRY**  
 CITY-ST-ZIP **3705 COMMERCIAL WAY  
 SPRING HILL FL 34606**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **BABCOCK, CHARLES I III**  
 CITY-ST-ZIP **2764 SUNSET POINT ROAD, SUITE 200  
 CLEARWATER FL 33759**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **BASS, ROBERT E**  
 CITY-ST-ZIP **2764 SUNSET POINT RD., STE. 200  
 CLEARWATER FL 33759**

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

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **KING CHARTER COMPANY**  
 CITY-ST-ZIP **2125 WINDWARD WAY, SUITE 300  
 VERO BEACH FL 32963**

TITLE ☒ Change ☐ Addition  
 NAME **MGRM**  
 STREET ADDRESS **KING CHARTER CO.**  
 CITY-ST-ZIP **2125 WINDWARD WAY, SUITE 200  
 VERO BEACH, FL 32963**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Calvin H. Babcock*  
**Calvin H. Babcock**

**4/11/02**

**305-599-2780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)