

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05013

1. Entity Name
SABA & ASSOCIATES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90265 019 ***150.00

Principal Place of Business 4026 CHEVAL BLVD. LUTZ FL 33549-5007 US	Mailing Address 4026 CHEVAL BLVD. LUTZ FL 34236-1012 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 420 PARTRIDGE CIRCLE	3. Mailing Address 420 PARTRIDGE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SARASOTA, FLORIDA	City & State SARASOTA, FLORIDA	4. FEI Number 59-2960635	Applied For Not Applicable
Zip 34236-1912	Country USA	Zip 34236-1912	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

SABA, RONALD M.
~~4026 CHEVAL BLVD.~~
~~LUTZ FL 33549~~

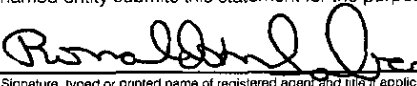
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
420 PARTRIDGE CIRCLE

City **SARASOTA** FL Zip Code **34236-1912**

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  **RONALD M. SABA D/P** DATE **4-27-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SABA, RONALD M. 4026 CHEVAL BLVD. LUTZ FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	420 PARTRIDGE CIRCLE SARASOTA FLORIDA 34236-1912	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **RONALD M. SABA** DATE **4-27-00** DAYTIME PHONE # **941-373-1663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)