

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

0614236 AT

**DOCUMENT # M80592**

**1. Entity Name**  
**FLORIDA SABRE, INC.**

02-24-2002 90050 009 \*\*\*150.00

**Principal Place of Business**  
**108 SHEPARD RD N.W.**  
**LAKE PLACID FL 33852**

**Mailing Address**  
**1077 N. SHOTGUN CT**  
**APACHE JCT AZ 85219**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**325 Jersey St NE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Lake Placid, FL**

**City & State**

**4. FEI Number**  
**59-2901553**

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**Zip**  
**33852**

**Country**  
**USA**

**Zip**

**Country**

**6. Name and Address of Current Registered Agent**  
**KRONENBACH, JUDITH L**  
**408 SHEPARD RD**  
**LAKE PLACID FL 33852**

**7. Name and Address of New Registered Agent**  
**Name**  
**Same**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**325 Jersey St NE**  
**Lake Placid**  
**City**  
**FL** **Zip Code**  
**33852**

**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** *Judith L Kronenbach* **2/8/2002**  
 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.** ☐ **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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRONENBACH, JUDITH L.</b>		NAME		
STREET ADDRESS	<b>108 SHEPARD RD N.W.</b>		STREET ADDRESS	<b>325 Jersey St NE</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>		CITY-ST-ZIP	<b>Lake Placid, FL 33852</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAYES, MICHAEL T</b>		NAME		
STREET ADDRESS	<b>9494 OBSIDIAN COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GOLD CANYON AZ 85219</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIDELL, THERESA</b>		NAME		
STREET ADDRESS	<b>27248 ELENE MARIE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHESTERFIELD FL 48051</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAYES, STANLEY</b>		NAME		
STREET ADDRESS	<b>470 ROADRUNNER</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>APACHE JUNCTION AZ 85219</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *Judith L Kronenbach* **2/8/2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)