

# 2002 UNIFORM BUSINESS REPORT (UBR)

0068795

02 UBR Vol 3

DOCUMENT # N01000004583

1. Entity Name

S.A.F.E., INC.

FILED

02 DEC 31 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4563 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-1752

4563 S ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-1752

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

59-3735449

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HANKE, DOUGLAS P  
330 W BEARSS AVENUE  
TAMPA FL 33613-1228

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEEBER, BRIAN R	
STREET ADDRESS	4563 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32839-1752	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANKE, DOUGLAS P	
STREET ADDRESS	330 W BEARSS AVENUE	
CITY-ST-ZIP	TAMPA FL 33613-1228	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, JOHN T	
STREET ADDRESS	25 PINE VALLEY CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICKERS, CHARLES A JR	
STREET ADDRESS	535 E MERRITT ISLAND CSWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEUBAUER, GLENN R	
STREET ADDRESS	4563 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32839-1752	
TITLE	SAVERY, DONALD	<input type="checkbox"/> Delete
NAME	4670 SOUTH HIGHWAY A1A	
STREET ADDRESS	MELBOURNE BEACH, FL 32951	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 617, 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:

DOUGLAS P. HANKE, Treasurer

Date

Daytime Phone #

4/11/02 813-961-5926

CR2F037 (9/01)

2003

**S.A.F.E., Inc.  
Board of Directors  
2002**

D/P

John T. Anthony  
c/o Bank of America  
200 East Granada Blvd.  
Ormond Beach, FL 32176

D/T

Douglas P. Hanke  
330 W. Bearss Avenue  
Tampa, FL 33613-1228

D

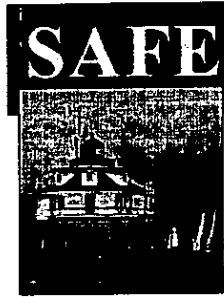
Randy Neubauer  
18025 Lafayette Drive  
Olney, MD 20832

D/VP

Don Savery  
4670 South Highway A1A  
Melbourne Beach, FL 32951

D/S

Buddy Vickers  
641 Iroquois Street  
Merritt Island, FL 32952



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## S.A.F.E., Inc.

*"Lighting the Way to Families Helping Families"*

December 26, 2002

Ms. Michelle Milligan  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ref. Number 1000004583

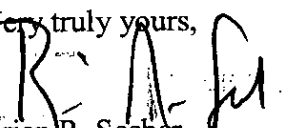
Dear Ms. Milligan:

Thank you for taking the time to help me today about our reinstatement. We received the form in April, and sent it in with our check for \$61.25. We received no other correspondence until August, when we were informed that we were revoked for failure to file the form. In answer, I sent a letter with a copy of our form and a copy of the check we had sent in for payment in April. I received no further contact until a possible contributor called the Department of State to verify our good standing and was told that we were revoked. My office called again and was told for the first time that the problem was a failure to include the Federal ID number. We wrote that in on our copy of the form, and sent it in again on December 10 as instructed. It was returned again today.

Please accept this letter as our explanation and request for a waiver of the reinstatement fee.

If you require any further information, please do not hesitate to contact me.

Very truly yours,

  
Brian R. Seeber  
Administrator