

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001350

1. Entity Name

SAGEWAYS CENTER, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90098 003 \*\*\*\*61.25

Principal Place of Business

230 ROYAL PALM WAY, STE. 405  
 PALM BEACH FL 33480

Mailing Address

230 ROYAL PALM WAY, STE. 405  
 PALM BEACH FL 33480-4318

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

65-0900555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NENON, ELOISE F

230 ROYAL PALM WAY, STE. 405  
 PALM BEACH FL 33480

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

*Eloise F. Nenon*

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 PD ☐ Delete  
 NAME NENON, ELOISE F  
 STREET ADDRESS 230 ROYAL PALM WAY, STE. 405  
 CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE SD ☐ Delete  
 NAME CAROL, GREEN REV.  
 STREET ADDRESS 101 ROYAL PARK DR., #2G  
 CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1007 Green Pine Blvd. Apt 71  
 CITY-ST-ZIP West Palm Beach FL 33409

TITLE TD ☐ Delete  
 NAME RUDD, RIC  
 STREET ADDRESS 5101 BELVEDERE RD.  
 CITY-ST-ZIP WEST PALM BEACH FL 33415

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

TITLE D ☐ Delete  
 NAME CAMPBELL, PRISCILLA DR.  
 STREET ADDRESS 4184 SHERRI CT.  
 CITY-ST-ZIP LAKE WORTH FL 33461

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

TITLE D ☐ Delete  
 NAME SEVERNS, JACK REV.  
 STREET ADDRESS 2200 JUNIPER AVE.  
 CITY-ST-ZIP GREAT FALLS MT 59404

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

TITLE ☐ Delete  
 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eloise F. Nenon 28 Apr 2000 820-1503

Date

Daytime Phone #

CR2E037 (9/99)