

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90132 024 \*\*\*150.00

DOCUMENT # P00000067000

1. Entity Name  
SAVOY-PALM BEACH, INC.

Principal Place of Business

Mailing Address

~~411 BRAZILIAN AVENUE~~  
PALM BEACH FL 33480

~~411 BRAZILIAN AVENUE~~  
PALM BEACH FL 33480

2. Principal Place of Business

434 Chilean Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip 33480

Country

3. Mailing Address

434 Chilean Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip 33480

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1062177

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

EVANS, LESLIE ROBERT  
214 BRAZILIAN AVENUE SUITE 200  
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

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.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
CLONINGER, JEFFREY A  
411 BRAZILIAN AVENUE  
PALM BEACH FL 33480 ☐ Delete

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

TITLE  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Cloninger, President  
Jeffrey A. Cloninger, President

Date

4-10-01 561-659-6640

Daytime Phone #

CR2E034 (10/00)