

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90173 006 ***150.00

040428 AV

DOCUMENT # P00000069483

1. Entity Name
SBA TOWERS ACQUISITIONS TENNESSEE, INC.

Principal Place of Business **Mailing Address**
~~ONE TOWN CENTER ROAD, 3RD FLOOR~~ ~~ONE TOWN CENTER ROAD, 3RD FLOOR~~
~~BOCA RATON FL 33486~~ ~~BOCA RATON FL 33486~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 5900 Broken Sound Parkway N.W. Attn: Legal Dept.
 Boca Raton, FL 33487 5900 Broken Sound Parkway N.W.
 Boca Raton, FL 33487

Zip **Country** **Zip** **Country**
 USA USA

4. FEI Number **65-1031151** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 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

TITLE	CEOC	<input checked="" type="checkbox"/> Delete
NAME	BERSTEIN, STEVEN E	
STREET ADDRESS	ONE TOWN CENTER ROAD 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERSTEIN, STEVEN E	
STREET ADDRESS	ONE TOWN CENTER ROAD 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BIZICK, RONALD	
STREET ADDRESS	ONE TOWN CENTER ROAD 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	CTO	<input checked="" type="checkbox"/> Delete
NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	ONE TOWN CENTER ROAD 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	ONE TOWN CENTER ROAD 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SVGC	<input type="checkbox"/> Delete
NAME	HUNT, THOMAS P	
STREET ADDRESS	ONE TOWN CENTER ROAD 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO, P, AT, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey A. Stoops	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP, AT, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramela J. Kline	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Nick Breskin	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D, CFO, SUP, T, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Marino	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP, CAO, AS, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Fiedor	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	SUP, GC, S, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas P. Hunt	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	

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 REQUIREMENT **Thomas P. Hunt**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11807
 Date

561-995-7670
 Daytime Phone #

CR2E034 (9/01)