

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90069 008 ***158.75

DOCUMENT # P00000081548

1. Entity Name

SAVE - A - FRIEND, INC.

Principal Place of Business

**4200 WACKENHUT DRIVE
 PALM BEACH GARDENS FL 33410**

Mailing Address

**4200 WACKENHUT DRIVE
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

7916 SADDLEBROOK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7916 SADDLEBROOK DRIVE

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE FLA

City & State

PORT SAINT LUCIE FLA

Zip

Country

34986 SAINT LUCIE

Zip

Country

34986 SAINT LUCIE

4. FEI Number

52-2268722

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICES COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

MURRAY OR BARBARA LEVINE

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

7916 SADDLEBROOK DRIVE

City

PORT SAINT LUCIE

FL

Zip Code

34986

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

Murray Levine, President and Chief Operating Officer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required for reinstating)

DATE

4/26/02

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 **D** ☒ Delete
 NAME **BERNSTEIN, ALAN B**
 STREET ADDRESS **4200 WACKENHUT DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete
 NAME **LEVINE, MURRAY**
 STREET ADDRESS **4200 WACKENHUT DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Delete
 NAME **SANDERS, GARY A**
 STREET ADDRESS **4200 WACKENHUT DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Barbara Levine**
 STREET ADDRESS **Vice President and Treasurer**
 CITY-ST-ZIP **7916 Saddlebrook Dr. Port St Lucie, FL 34986**

TITLE ☒ Change ☐ Addition
 NAME **Murray Levine**
 STREET ADDRESS **Vice President and Secretary**
 CITY-ST-ZIP **7916 Saddlebrook Dr. Port St Lucie, FL 34986**

TITLE ☒ Change ☐ Addition
 NAME **Drew Levine**
 STREET ADDRESS **Vice President and Secretary**
 CITY-ST-ZIP **6550 Dal Keith La Miami Lakes, FL 33016**

TITLE ☐ Change ☒ Addition
 NAME **Elene S. Greenfield**
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **1950 Nile River Rd West Palm Beach, FL 33411**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 687, 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:

MURRAY LEVINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Murray Levine

Date

26 May 02

Daytime Phone #

772-466-7827

CR2E034 (9/01)