

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**  
 04-10-2002 90758 027 \*\*\*158.75

0418833 AV

**DOCUMENT # P00000117426**

1. Entity Name  
**SAV HOLDINGS, INC.**

Principal Place of Business

~~777 S. HARBOUR ISLAND BLVD.~~  
~~SUITE 270~~  
~~TAMPA FL 33602~~

Mailing Address

~~POST OFFICE BOX 418~~  
~~TAMPA FL 33601~~

2. Principal Place of Business

**10124 Foxhurst Court**  
 Suite, Apt. #, etc.

3. Mailing Address

**10124 Foxhurst Court**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number

**59-3698341**

Applied For

Not Applicable

Zip

**32836**

Country

**USA**

Zip

**32836**

Country

**USA**

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAYSE, SHELLY C**  
**10124 FOXHURST COURT**  
**ORLANDO FL 32836**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN DYKE, STEVEN A</b> <b>POST OFFICE BOX 418</b> <b>TAMPA FL 33601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>885 Third Avenue, 3rd Floor</b> <b>New York, NY 10022</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Required**  
**Signature and Typed or Printed Name of Signing Officer or Director**

**Steven A. Van Dyke,**  
**Director**

**4/10/02 (407) 345-8332**

Date

Daytime Phone #

CR2E034 (9/01)