

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011117

1. Entity Name

SAWGRASS ASSOCIATES GROUP, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90148 013 \*\*\*150.00

Principal Place of Business

LAS OLAS CTR  
450 E LAS OLAS BLVD 900  
FT LAUDERDALE FL 33301  
US

Mailing Address

LAS OLAS CTR  
450 E LAS OLAS BLVD 900  
FT LAUDERDALE FL 33301-2223  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0380628

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

DAVID W HORVITZ

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

450 East Las Olas Boulevard

Suite 900

City

Ft. Lauderdale, FL 33301

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, 2000 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 ☒ Delete  
NAME DPST  
STREET ADDRESS HORVITZ, WILLIAM D  
CITY-ST-ZIP LAS OLAS CTR 450 E LAS OLAS BLVD 900  
FT. LAUDERDALE FL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS HORVITZ, DAVID W  
CITY-ST-ZIP LAS OLAS CTR 450 E LAS OLAS BLVD 900  
FT LAUDERDALE FL

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BUROTN, MELVIN F  
CITY-ST-ZIP LAS OLAS CTR 450 E LAS OLAS BLVD 900  
FT LAUDERDALE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D/V/S  
STREET ADDRESS LINDA K ROTH  
CITY-ST-ZIP 450 E Las Olas Blvd., Suite 900  
Fort Lauderdale, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS ROBERT J PUCK  
CITY-ST-ZIP 450 E Las Olas Blvd., Suite 900  
Fort Lauderdale, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME ASST SECRETARY  
STREET ADDRESS VIRGINIA J BAKER  
CITY-ST-ZIP 450 E Las Olas Blvd., Suite 900  
Fort Lauderdale, FL 33301

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**

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)