

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90208 045 ***150.00

DOCUMENT # P93000070880

1. Entity Name
SBA LEASING, INC.

Principal Place of Business Mailing Address
~~ONE TOWN CENTER ROAD, 3RD FLOOR~~ ~~ONE TOWN CENTER ROAD, 3RD FLOOR~~
~~BOCA RATON FL 33486~~ ~~ATTN: LEGAL DEPARTMENT~~
~~US~~ ~~BOCA RATON FL 33486~~
~~US~~

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0444550** 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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, STEVEN E ONE TOWN CENTER ROAD., 3RD FLOOR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BIZICK, RONALD G ONE TOWN CENTER ROAD., 3RD FLOOR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GROBSTEIN, ROBERT M ONE TOWN CENTER ROAD., 3RD FLOOR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STOOPS, JEFFREY A ONE TOWN CENTER ROAD., 3RD FLOOR BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRESKIN, THERESA N ONE TOWN CENTER ROAD 3RD FLOOR BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC HUNT, THOMAS P ONE TOWN CENTER ROAD 3RD FLOOR BOCA RATON FL 33486	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached	<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
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

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 Thomas P. Hunt 11802 561-995-7670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
808407

Doc# P93000070880

DIRECTORS AND OFFICERS OF SBA LEASING, INC.

Name	Address	Title
Theresa Nick Breskin	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Assistant Secretary
Jack Fiedor	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Accounting Officer Vice president Assistant Secretary Assistant Treasurer
Thomas P. Hunt	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Senior Vice President General Counsel Secretary Assistant Treasurer SSN: 264-47-9007
Pamela J. Kline	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President Assistant Secretary Assistant Treasurer
John Marino	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Financial Officer Senior Vice president Treasurer Assistant Secretary Director
Jason Silberstein	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President
Jeffrey A. Stoops	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Executive Officer President Assistant Secretary Assistant Treasurer Director