

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000078733**1. Entity Name
SAFC OF PALM BEACH COUNTY, INC.Principal Place of Business
6185 JAG RD
LAKE WORTH FL 33467
USMailing Address
6185 JAG RD
LAKE WORTH FL 33467
US2. Principal Place of Business
6185 JOG ROAD3. Mailing Address
6185 JOG RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FLCity & State
LAKE WORTH FL4. FEI Number
65-0453749
Applied For
Not ApplicableZip
33467
Country
USZip
33467
Country
US5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HUBSCHER DONNA A.
6185 JAG RD
LAKE WORTH FL 33467**7. Name and Address of New Registered Agent**Name
HUBSCHER DONNA AP/T/D
Street Address (P.O. Box Number is Not Acceptable)
6185 JOG RD.
City
LAKE WORTH FL Zip Code
33467

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 **DONNA A. HUBSCHER****04/26/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME S BUTLER BRANT A. ☐ Delete
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP WEST PALM BEACH FLTITLE
NAME V HUBSCHER TAYLOR M ☐ Delete
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FLTITLE
NAME VP HUBSCHER BONNIE J. ☐ Delete
STREET ADDRESS 171 LAKE ARBOR DRIVE
CITY-ST-ZIP PALM SPRINGS FLTITLE
NAME PTD HUBSCHER DONNA A. ☐ Delete
STREET ADDRESS 1014 MANOR DRIVE
CITY-ST-ZIP PALM SPRINGS FLTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME S BUTLER BRANT AS ☒ Change ☐ Addition
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP WEST PALM BEACH FL 33411TITLE
NAME VP HUBSCHER TAYLOR MVP ☒ Change ☐ Addition
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407TITLE
NAME VP HUBSCHER BONNIE JVP ☒ Change ☐ Addition
STREET ADDRESS 171 LAKE ARBOR DRIVE
CITY-ST-ZIP PALM SPRINGS FL 33461TITLE
NAME PTD HUBSCHER DONNA APTD ☒ Change ☐ Addition
STREET ADDRESS 1014 MANOR DRIVE
CITY-ST-ZIP PALM SPRINGS FL 33461TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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 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: BRANT A. BUTLER

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)