

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90173 007 ***150.00

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DOCUMENT # P97000008702

1. Entity Name
SBA SUBSIDIARY HOLDINGS, INC.

Principal Place of Business

~~ONE TOWN CENTER ROAD, 3RD FLOOR~~
~~BOCA RATON FL 33486~~
~~US~~

Mailing Address

~~ONE TOWN CENTER ROAD, 3RD FLOOR~~
~~ATTN: LEGAL DEPARTMENT~~
~~BOCA RATON FL 33486~~
~~US~~

2. Principal Place of Business

5900 Broken Sound Parkway N.W.
 Boca Raton, FL 33487

3. Mailing Address

Attn: Legal Dept.
 5900 Broken Sound Parkway N.W.
 Boca Raton, FL 33487



DO NOT WRITE IN THIS SPACE

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0722031

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

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	PCEO	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, STEVEN E	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, STEVEN E	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SVT	<input checked="" type="checkbox"/> Delete
NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	STOOPS, JEFFREY A	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STOOPS, JEFFREY A	
STREET ADDRESS	ONE TOWN CENTER ROAD., 3RD FLOOR	
CITY-ST-ZIP	BOCA RATON FL 33486	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP, S, GC, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas P. Hunt	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	D, SVP, CFO, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Marino	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP, CAO, AS, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Redor	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Breskin	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	CEO, P, AS, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey A. Stoops	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP, AS, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela J. Kline	
STREET ADDRESS	5900 Broken Sound Parkway N.W.	
CITY-ST-ZIP	Boca Raton, FL 33487	

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

Date

Daytime Phone #

1-802 561-995-7670

CR2E034 (9/01)