

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90153 029 \*\*\*150.00

**DOCUMENT # P97000045653**

1. Entity Name  
**SBA TOWERS, INC.**

Principal Place of Business  
~~ONE TOWN CENTER ROAD., 3RD FLOOR~~  
~~GENERAL COUNSEL~~  
~~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  
**5900 Broken Sound Parkway N.W.**  
**Boca Raton, FL 33487**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0754577**

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

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED</b>	<input type="checkbox"/> Add
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**561-995-7670**

CR2E034 (9/01)

Attachment  
act# P970000-15253

40/072

DIRECTORS AND OFFICERS OF SBA TOWERS, 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
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	<b>Director</b> /Chief Financial Officer Senior Vice President Treasurer/Assistant Secretary
Jeffrey A. Stoops	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Executive Officer/President Assistant Secretary Assistant Treasurer <b>Director</b>
Jason Silberstein	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President
Adrianne M. Horne	1209 Orange Street Wilmington, DE 19801	Independent Director