

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050142

1. Entity Name

HUBBARD AND SARA SAVAGE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5300 S. FLORIDA AVE.
LAKELAND FL 33813

P.O. BOX 5378
LAKELAND FL 33807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2341283

Applied For

Not Applicable

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

WORKMAN, MICHAEL E ESQ.
% WENDEL, CHRITTON, PARKS & DEBARI CHTD.
5300 S. FLORIDA AVENUE
LAKELAND FL 33813

Name

SARA SAVAGE

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

9511 SCENIC HIGHWAY

City

PENSACOLA

FL

Zip Code

32514

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

SARA SAVAGE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sara Savage

8/2/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD
NAME SAVAGE, HUBBARD
STREET ADDRESS 4180 SHERRY LANE
CITY-ST-ZIP CANTON GA 30114 ☐ Delete

TITLE VSD
NAME SAVAGE, SARA
STREET ADDRESS 4180 SHERRY LANE
CITY-ST-ZIP CANTON GA 30114 ☐ Delete

TITLE D
NAME SAVAGE, RAY E
STREET ADDRESS 119 S. CHEROKEE RD
CITY-ST-ZIP SOCIAL CIRCLE GA 30025 ☐ Delete

TITLE D
NAME SAVAGE, RICHARD H
STREET ADDRESS 4180 SHERRY LN
CITY-ST-ZIP CANTON GA 30114 ☐ Delete

TITLE D
NAME SAVAGE, RUSSELL W
STREET ADDRESS 38 HILLCREST
CITY-ST-ZIP PLATTE CITY MO 64079 ☐ Delete

TITLE D
NAME SAVAGE, RYAN D
STREET ADDRESS 4180 SHERRY LN
CITY-ST-ZIP CANTON GA 30114 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9511 SCENIC HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9511 SCENIC HIGHWAY
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 711 GREAT BARFORD ST.
CITY-ST-ZIP AUBURNDALE, FL 33823

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 302 VALENCIA STREET
CITY-ST-ZIP GULF BREEZE, FL 32561

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:

Hubbard Savage President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/01

Date

1-850-5059640

Daytime Phone #

0376315

CR2E034 (10/00)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90018 009 ***550.00

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DO NOT WRITE IN THIS SPACE