

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070698

1. Entry Name
SAXON-DEBARY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90164 012 ***150.00

Principal Place of Business Mailing Address
2601 SOUTH BAYSHORE DRIVE 2601 S. BAYSHORE DR.
MIAMI FL 33133-5461 LEGAL DEPT. SUITE 900
MIAMI FL 33133-5417

2. Principal Place of Business 4800 N. Federal Highway 3. Mailing Address 200 S. Biscayne Boulevard

Suite, Apt. #, etc. Suite 105E Suite, Apt. #, etc. Suite 4900

City & State Boca Raton, FL City & State Miami, FL

Zip 33431 Country Zip 33131 Country

4. FEI Number 65-0774651 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

GOLDMAN, JOEL K ESQ
2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

Name K. Lawrence Gragg
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd., Suite 4900
City Miami FL Zip Code 33131

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 *K. Lawrence Gragg* DATE 4/28/00
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, 2000 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 | DP | <input checked="" type="checkbox"/> Delete | TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JEFFREY, THOMAS W | | NAME | Ackerman, Richard S. | |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DRIVE | | STREET ADDRESS | 4800 N. Federal Highway, Suite 105E | |
| CITY-ST-ZIP | MIAMI FL 33133-5461 | | CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | DVS | <input checked="" type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDMAN, JOEL K | | NAME | Gitlin, Gene | |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DRIVE | | STREET ADDRESS | 4800 N. Federal Highway, Suite 105E | |
| CITY-ST-ZIP | MIAMI FL 33133-5461 | | CITY-ST-ZIP | Boca Raton, FL 33431 | |
| TITLE | DVT | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISCHER, JOHN H | | NAME | | |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33133-5461 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILLETTE, J. THOMAS | | NAME | | |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33133-5461 | | CITY-ST-ZIP | | |
| TITLE | VCAS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COOK, PAULA | | NAME | | |
| STREET ADDRESS | 2601 S. BAYSHORE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33133 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAGUARDIA, JOHN | | NAME | | |
| STREET ADDRESS | 2601 SOUTH BAYSHORE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33133-5461 | | 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: *Richard S. Ackerman* Richard S. Ackerman 4/30/00 561-395-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)