

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90264 028 \*\*\*150.00

**DOCUMENT # P97000070698**

1. Entity Name

**SAXON-DEBARY, INC.**

Principal Place of Business

Mailing Address

**4800 N FEDERAL HWY  
 STE 105E  
 BOCA RATON, FL 33431**

**200 S. BISCAYNE BLVD.  
 SUITE 4900  
 MIAMI, FL 33131**

2. Principal Place of Business

**13790 NW 4TH STREET**

3. Mailing Address

**13790 NW 4TH STREET**

Suite, Apt. #, etc.

**SUITE 113**

Suite, Apt. #, etc.

**SUITE 113**

City & State

**SUNRISE, FL**

City & State

**SUNRISE, FL**

4. FEI Number

**65-0774651**

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

**33325**

Country

Zip

**33325**

Country

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

Name

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

City

**FL**

Zip Code

**GRAGG, LAWRENCE K.  
 200 S. BISCAYNE BLVD.  
 SUITE 4900  
 MIAMI, FL 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

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 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 **PD** ☒ Delete  
 NAME **ACKERMAN, RICHARD S**  
 STREET ADDRESS **4800 N FEDERAL HWY, SUITE 105E**  
 CITY - ST - ZIP **BOCA RATON, FL 33431**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **AHERN, PATRICK M.**  
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**  
 CITY - ST - ZIP **GREENWICH, CT 06830**

TITLE **V** ☐ Delete  
 NAME **GITLIN, GENE**  
 STREET ADDRESS **4800 N. FEDERAL HWY, SUITE 105E**  
 CITY - ST - ZIP **BOCA RATON, FL 33431**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **GIBLIN JR., E.M.**  
 STREET ADDRESS **13790 N.W. 4TH ST, SUITE 113**  
 CITY - ST - ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **TD** ☐ Change ☒ Addition  
 NAME **WILCOX II, R. JOHN**  
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**  
 CITY - ST - ZIP **GREENWICH, CT 06830**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **SD** ☐ Change ☒ Addition  
 NAME **WILCOX, ROBERT J.**  
 STREET ADDRESS **C/O AHERN, 2 GREENWICH PLAZA**  
 CITY - ST - ZIP **GREENWICH, CT 06830**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **V** ☐ Change ☒ Addition  
 NAME **MILLER, ANDREA**  
 STREET ADDRESS **13790 N.W. 4TH ST, SUITE 113**  
 CITY - ST - ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**E.M. GIBLIN, JR 4/26/01**

**954-838-7100**