

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90308 028 ***550.00

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DOCUMENT # P98000090399

1. Entity Name

SABER MANAGEMENT, INC.



Principal Place of Business

2000 PALM BEACH LAKES BLVD. #301
WEST PALM BEACH FL 33409

Mailing Address

2000 PALM BEACH LAKES BLVD. #301
WEST PALM BEACH FL 33409



2. Principal Place of Business

2090 Palm Beach Lakes Blvd

3. Mailing Address

2090 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

700

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33409

Country

USA

Zip

33409

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0870835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, WILTON L ESQ.

625 NORTH FLAGLER DRIVE

9TH FLOOR

WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME MCCLOSKEY, MICHAEL P ☐ Delete
STREET ADDRESS 2000 PALM BEACH LAKES BLVD. #301
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DVS
NAME CAMERON-HAYES, JONATHAN ☐ Delete
STREET ADDRESS 2000 PALM BEACH LAKES BLVD. #301
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

7-3-03

Date

(561) 615-3903

Daytime Phone #

CR2E034 (4/03)