

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90060 033 \*\*\*150.00

**DOCUMENT # P98000104636**

1. Entity Name  
**BOOTH-SAVAGE CORPORATION**

Principal Place of Business  
**C/O MICHAEL W. SIMON**  
**4800 N. FEDERAL HWY., STE. 100-D**  
**BOCA RATON FL 33431**

Mailing Address  
**C/O MICHAEL W. SIMON**  
**4800 N. FEDERAL HWY., STE. 100-D**  
**BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**120 E. Palmetto Park Road**  
 Suite, Apt. #, etc.  
**100**

3. Mailing Address  
**120 E. Palmetto Park Road**  
 Suite, Apt. #, etc.  
**100**

City & State  
**Boca Raton, Florida**  
 Zip  
**33432**  
 Country  
**USA**

City & State  
**Boca Raton, Florida**  
 Zip  
**33432**  
 Country  
**USA**

4. FEI Number **61-1354153**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMON, MICHAEL W ESQ.**  
**4800 N. FEDERAL HWY., STE. 100-D**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

Name  
**Michael W. Simon, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**120 East Palmetto Park Road**  
**Suite 100**  
 City  
**Boca Raton** **FL** Zip Code  
**33432**

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, 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**

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

TITLE  
**DPT**  
 NAME  
**SAVAGE, STEPHEN P** ☐ Delete  
 STREET ADDRESS  
**206 MOCKINGBIRD GARDENS DRIVE**  
 CITY-ST-ZIP  
**LOUISVILLE KY 40207**

TITLE  
**D P T** ☒ Change ☐ Addition  
 NAME  
**SHARPER, DARREN**  
 STREET ADDRESS  
**445 Bush Street**  
 CITY-ST-ZIP  
**San Francisco, California 94108**

TITLE  
**VSD**  
 NAME  
**BOOTH, REBECCA J** ☐ Delete  
 STREET ADDRESS  
**206 MOCKINGBIRD GARDENS DRIVE**  
 CITY-ST-ZIP  
**LOUISVILLE KY 40207**

TITLE  
**V S D** ☐ Change ☐ Addition  
 NAME  
**SHARPER, JAMIE**  
 STREET ADDRESS  
**445 Bush Street**  
 CITY-ST-ZIP  
**San Francisco, California 94108**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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 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]  
 SIGNATURE AND TYPE OF OR P

**DARREN SHARPER**  
 NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 (920) 338-9684**  
 Date Daytime Phone #

CR2F034 (9/01)