

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069464

1. Entity Name

TOM SAVAGE, INC.

Principal Place of Business

5708 39TH ST CIR EAST  
BRADENTON FL 34205

Mailing Address

5708 39TH ST CIR EAST  
BRADENTON FL 34205

2. Principal Place of Business

327 NW 23RD Ave

3. Mailing Address

9521 SW 32ND LANE

Suite, Apt. #, etc.

FIVE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32609

Country

U.S.A.

Zip

32608

Country

U.S.A.

4. FEI Number

65-1006582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIDDLE, B. DOUGLAS  
5708 39TH ST CIR EAST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Riddle, B. Douglas

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

327 NW 23RD Ave, SE.

Suite FIVE

City

GAINESVILLE

FL

Zip Code

32609

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

*B. Douglas Riddle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

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	P	<input type="checkbox"/> Delete
NAME	RIDDLE, B. DOUGLAS	
STREET ADDRESS	5708 38TH ST CIR	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JENKINS, TOM	
STREET ADDRESS	97 MATANZAG AVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. Douglas Riddle	
STREET ADDRESS	9521 SW 32ND LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*B. Douglas Riddle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

352-337-3995

Daytime Phone #



DO NOT WRITE IN THIS SPACE