

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90208 047 \*\*\*150.00

**DOCUMENT # S77935**

1. Entity Name

**TAMPA TOWERS, INC.**

Principal Place of Business

~~ONE TOWN CENTER ROAD, 3RD FLOOR~~  
~~BOCA RATON FL 33486~~  
~~US~~

Mailing Address

~~ONE TOWN CENTER ROAD, 3RD FLOOR~~  
~~BOCA RATON FL 33486~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

5900 Broken Sound Parkway N.W.  
 Boca Raton, FL 33487

Attn: Legal Dept.  
 5900 Broken Sound Parkway N.W.  
 Boca Raton, FL 33487



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3043644**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, STEVEN E ONE TOWN CENTER ROAD, 3RD FLOOR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT GROBSTEIN, ROBERT M ONE TOWN CENTER ROAD, 3RD FLOOR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GROBSTEIN, ROBERT M ONE TOWN CENTER ROAD, 3RD FLOOR BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVSD STOOPS, JEFFREY A ONE TOWN CENTER ROAD, 3RD FLOOR BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC HUNT, THOMAS P ONE TOWN CENTER ROAD 3RD FLOOR BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRESKIN, THERESA NICK ONE TOWN CENTER ROAD 3RD FLOOR BOCA RATON FL 33486	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See attached*

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 REQUIRED*  
 Thomas P. Hunt

1/8/02

561-995-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
808405  
Doc # 977935  
**DIRECTORS AND OFFICERS OF TAMPA TOWERS, INC.**

Name	Address	Title
Theresa Nick Breskin	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Assistant Secretary
Jack Fiedor	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Accounting Officer Vice President Assistant Secretary Assistant Treasurer
Thomas P. Hunt	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Senior Vice President General Counsel Secretary/Assistant Treasurer
Pamela J. Kline	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President Assistant Secretary Assistant Treasurer
John Marino	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Financial Officer Senior Vice President Treasurer/Assistant Secretary <b>Director</b>
Jeffrey A. Stoops	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Chief Executive Officer President Assistant Secretary Assistant Treasurer <b>Director</b>
Jason Silberstein	5900 Broken Sound Parkway NW Boca Raton, FL 33487	Vice President
Kim E. Lutthans	1209 Orange Street Wilmington, DE 19801	Independent Director