

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90085 035 ***150.00

DOCUMENT # V 45801

1. Entity Name
SAVOY SHIPPING COMPANY

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

1323 SE THIRD AVENUE 1323 SE THIRD AVENUE

Suite, Apt. #, etc

City & State FORT LAUDERDALE, FL FORT LAUDERDALE, FL

Zip 33316 Country U.S. Zip 33316 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0341157 **Applied For** ☐ **Not Applicable** ☐

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**

LOVING, JACK R. 1323 SE THIRD AVENUE FORT LAUDERDALE, FL 33316

Name 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 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **After MAY 1, 2000 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 <u>PD</u> <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>PHIPPS, PATRICIA BURDINE</u>	NAME <u>1323 S.E. THIRD AVENUE</u>
STREET ADDRESS	STREET ADDRESS <u>FORT LAUDERDALE, FL 33316</u>
CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>S</u> <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>BATES, BRETTE B</u>	NAME <u>1323 S.E. THIRD AVENUE</u>
STREET ADDRESS	STREET ADDRESS <u>FORT LAUDERDALE, FL 33316</u>
CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>T</u> <input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>HOOTON, ZADA DUTTON</u>	NAME <u>1323 S.E. THIRD AVENUE</u>
STREET ADDRESS	STREET ADDRESS <u>FORT LAUDERDALE, FL 33316</u>
CITY-ST-ZIP	CITY-ST-ZIP
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NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	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: PATRICIA B. PHIPPS MARCH 31, 2000 828 4527861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)