2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # 69301 Apr 13, 2000 8:00 am 1. Entity Name THE SAVOY GROUP INC. **Secretary of State** 04-13-2000 90085 037 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 1323 SE THIRN AVENUE 1323 SE THIRN RVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FORT LAUDERDAG 65-0417494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33316 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOVING, JACK R. 1323 SE THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33316 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE PHIPPS, PATRICIA BURDINE NAME NAME 1323 SE THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE ☐ Delete TITLE ☐ Change Addition BATES BRETTE B NAME NAME STREET ADDRESS STREET ADDRESS 1323 SE THIRD DUENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE ☐ Delete TITLE ☐ Addition INTON, ZADA DUTTON NAME 1323 SE THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAWDERDALE, FL 33316 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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