FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738599

(0)

UNIFIED SPORTSMEN OF FLORIDA, INC.

FILED
Feb 05 1998 8:00am
Secretary of State

UNIFIED OF ON TOWIEN OF FEORIDA, INC.						
Principal Place	e of Business	Mailing Address				- I IODNIL BEBOD PRIOL IDERF BRIOD IDIID IDIX BIDIL DIRIL BEDIL DIRIL DIRIL DIDIX 1001
110-A SOUTH MONROE ST P.O. BOX 6565 TALLAHASSEE FL 32301		P.O. BOX 6565 TALLAHASSEE FL 32314-6565 US			3. Date Incorporated or Qualified 04/07/1977 4. FEI Number Applied For	
US						4. FEI Number Applied For S9-1725104 Not Applicable
2. Principal Place of Business 2a. Malling Address						5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	# alc	Suite, Apt. #, etc.				Fee Required
22	π, οιο.	27				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees
City & State	9	City & State				7. Is this nonprofit corporation a homeowners association?
23		Zip Country				☐ Yes 💆 No
Zip 24	Country Zip Co		_	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No		
<u> </u>	9. Name and Address of Curre					10. Name and Address of New Registered Agent
				1 Name		
	SEN, H. T.			82 Street Address (P.O. Box Number is Not Acceptable)		
135 BELMONT ROAD						
TALLAH	ASSEE FL 32301		Ľ	13		
			[8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the abo	ove-named	corpo	pration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, Flor	ida Statu	es.	poracio	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	cent and title if englicable (NOTE:	Benjelered A	Agent signatur	e requirer	d when reinstating) DAYE
12.		ND DIRECTORS	13.	agont aignato	0.040.00	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITL	E		Change Addition
NAME	PATRONIS, JOHN		1.2 NAM	E		2 40V 456
STREET ADDRESS	2601 NOBLE DRIVE			ET ADDRESS	KI NA	3 BOX 456 AUANA, FL 32333
CITY-ST-ZIP TITLE	TALLAHASSEE FL.	DELETE	1.4 City 2.1 Titl	-ST-ZIP	1111	Change Addition
NAME	SCHROEDER, CHERRY		2.2 NAM			
STREET ADDRESS	2332 TREE RIDGE LANE		2.3 STR	ET ADDRESS	1	
CITY-ST-ZIP	ORLANDO FL	-0-11-11-1	_	r - ST - ZIP	ļ	
TITLE	D MENDIOLA DIDEN	☐ DELETE	3.1 T(TL)			Change
NAME Street address	MENDIOLA, RUBEN 6448 S DIXIE HWY		3.2 NAM	E Et address		
CITY-ST-ZIP	MIAMI FL			- ST- ZIP		
TITLE	D	☐ DELETE	4.1 T(TL)		1	Change Addition
NAME	Sorensen, Hank		4. 2 NA	AE.	1	
STREET ADDRESS	135 BELMONT ROAD		4.3 STRI	ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY	- ST- ZIP		
TITLE	ST	☐ DELETE	5.1 TITU	E .		Change Addition
NAME	ALLIGOOD, SARA S.		5.2 NAM	E	1	
STREET ADDRESS	110-A SOUTH MONROE STI	REET	5.3 STR	ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL			-ST-ZIP		
TITLE	ED MARKED MARKEN	☐ DELETE	6.1 TITU			Change Addition
NAME	HAMMER, MARION P.		6.2 NAV			
STREET ADDRESS	110-A S. MONROE STREET			ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	AND ALL OF STREET		-ST-ZIP	1	Coston 119 07/2/(i) Elorida Statuton I further contifu that the information

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
5ARA S. ALLIGORD

CIONATURE. /

me & allival

1-14-58

(850) 222-9518