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**Feb 25, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 738599

1. Corporation Name  
**UNIFIED SPORTSMEN OF FLORIDA, INC.**

Principal Place of Business 110-A SOUTH MONROE ST P.O. BOX 6565 TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 6565 TALLAHASSEE FL 32314-6565 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/07/1977
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1725104
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

SORENSEN, H. T.  
 135 BELMONT ROAD  
 TALLAHASSEE FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRONIS, JOHN	1.2 NAME	
STREET ADDRESS	RT 3, BOX 456	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, CHERRY	2.2 NAME	
STREET ADDRESS	2332 TREE RIDGE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDIOLA, RUBEN	3.2 NAME	
STREET ADDRESS	6448 S DIXIE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, HANK	4.2 NAME	ST
STREET ADDRESS	135 BELMONT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLIGOOD, SARA S.	5.2 NAME	VP
STREET ADDRESS	110-A SOUTH MONROE STREET	5.3 STREET ADDRESS	Glen Rubin
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	11725 SW Meadowlark Cir. Stuart, FL 34997
TITLE	ED <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, MARION P.	6.2 NAME	
STREET ADDRESS	110-A S. MONROE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Marion P. Hammer* **REQUIRE** Marion P. Hammer, Exec. Dir. (850) 222-9518

CR2E037 (1/198)