



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 738599 1. Entity Name UNIFIED SPORTSMEN OF FLORIDA, INC.						 MOORE CR2E037 (11/03)							
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						4. FEI Number 59-1725104		Applied For Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent SORENSEN, H. T. 135 BELMONT ROAD TALLAHASSEE FL 32301						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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRONIS, JOHN RT 3, BOX 456 HAVANA FL 32333	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000016678 01/28/04-80064-025 61.25								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, CHERRY 2332 TREE RIDGE LANE ORLANDO FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDIOLA, RUBEN 8950 N.W. 27 STREET MIAMI FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SORENSEN, HANK 135 BELMONT ROAD TALLAHASSEE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBIN, GLEN 11725 SW MEADOWLARK CIR STUART FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HAMMER, MARION P. 110-A S. MONROE STREET TALLAHASSEE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition								

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/26/04 (850) 222-9518

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marion P. Hammer