

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 738599**

1. Entity Name  
 UNIFIED SPORTSMEN OF FLORIDA, INC.



Principal Place of Business  
 110-A SOUTH MONROE ST  
 TALLAHASSEE, FL 32301 US

Mailing Address  
 P.O. BOX 1387  
 TALLAHASSEE, FL 32302 US

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-1725104

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRONIS, JOHN RT 3, BOX 456 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, CHERRY 2332 TREE RIDGE LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDIOLA, RUBEN 8950 N.W. 27 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SORENSEN, HANK 135 BELMONT ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, GLEN 11725 SW MEADOWLARK CIR STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HAMMER, MARION P. 110-A S. MONROE STREET TALLAHASSEE, FL

U00000791222  
 01/23/08-80065-016-61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Marion P. Hammer* MARION P. Hammer 1-18-08 850 222-9518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #