

**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**



01172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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