

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738599

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** UNIFIED SPORTSMEN OF FLORIDA, INC.

**Current Principal Place of Business:**

110-A SOUTH MONROE ST  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1387  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number:** 59-1725104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: PATRONIS, JOHN,  
Address: RT 3, BOX 456  
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete  
Name: SCHROEDER, CHERRY,  
Address: 2332 TREE RIDGE LANE  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: MENDIOLA, RUBEN,  
Address: 8950 N.W. 27 STREET  
City-St-Zip: MIAMI, FL 33172

Title: ST ( ) Delete  
Name: SORENSEN, HANK,  
Address: 135 BELMONT ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: P ( ) Delete  
Name: RUBIN, GLEN  
Address: 11725 SW MEADOWLARK CIR  
City-St-Zip: STUART, FL 34997

Title: ED ( ) Delete  
Name: HAMMER, MARION P.  
Address: 110-A S. MONROE STREET  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARION P. HAMMER

ED

01/06/2009

Electronic Signature of Signing Officer or Director

Date