2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762060

1. Entity Name

SARASOTA HAMFEST, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90251 039 ****70.00

					200				
Principal Plac	ce of Business	Mailir	ng Address]			
POST OFFICE BOX 3182 SARASOTA FL 34230			POST OFFICE BOX 3182 SARASOTA FL 34230						
2. Principal Place of Business 3. N		3. Ma	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
O:E - 0 DE-	A-		O					- 1 - 1.	
City & State			City & State			0070192100		pplied For ot Applicable	
Zip	Country	Zi	q	Country		5. Certificate of Sta		8.75 Add ee Require	
	6. Name and Address of Current	t Register	ed Agent			7. Name and Addr	ess of New Registered A	gent	
<u></u>	المعاورة والمناج ومهماليهم المعاد			Name			يترجح بالجسيد		
MARTIN, WILLIAM E. 7334 DEER CROSSING COURT			Street Address ((P.O. Box Number is Not Acceptable)			
	TA FL 34243								
ONINOC	IN I C OTETO			City				Zip Cod	le
	e named entity submits this statement for						FL FL	'	
	Signature, typed or printed name of registered agent	t and title if app	9. Election Can	E: Registered Agent sign		(when reinstating)	DATE Make Check		
	/		Trust Fund C	ontribution.		Added to Fees	Florida Departi	ment of S	State
10. 9	OFFICERS AND DI	RECTORS		11.	- /	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, WILLIAM E. 7334 DEER CROSSING COURT		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i			☐ Change	☐ Addition
TITLE	SARASOTA FL 34240		☐ Delete	TITLE				☐ Change	☐ Addition
NAME	MARTIN, VIVIA			NAME					
STREET ADDRESS CITY-ST-ZIP	7334 DEER CROSSING COURT			STREET ADDRESS					
	SARASOTA FL 34240			C)TV_CT_7ID					
TITLE.—— ==	- S		Delete	CITY-ST-ZIP TITLE	14101	1110 - 5	Martin >	Change	☐ Addition
NAME	S- Campbell, Heather		Delete	TITLE NAME	Wil	lliam E.I	martin /		☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	S- Campbell, Heather		/ 	TITLE NAME	73 Sa	rasota, t	Crossing Ct	4	☐ Addition
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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.

4.30.03 941.917.1491