

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90048 041 ***550.00

DOCUMENT # 849522

1. Entity Name
SAGER FUND, INC.

✓

Principal Place of Business
60 RESEARCH RD.
HINGHAM MA 02043

Mailing Address
60 RESEARCH RD.
HINGHAM MA 02043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
97 Libbey Industrial Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
97 Libbey Industrial Pkwy
 Suite, Apt. #, etc.

City & State
Weymouth, MA
 Zip
02189

City & State
Weymouth, MA
 Zip
02189

4. FEI Number **04-1800700**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAYMOND P. NORTON, JR.
6637 TRIDENT WAY
NAPLES FL 33963

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 *Jonathan E. Norton*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 8/27/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PT NORTON, JONATHAN E.** ☐ Delete
 STREET ADDRESS **27 BEL AIR ROAD**
 CITY-ST-ZIP **HINGHAM MA 02043**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D NORTON III, RAYMOND P.** ☐ Delete
 STREET ADDRESS **5 SETTLERS PATH**
 CITY-ST-ZIP **FALMOUTH MA 02540**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **C DROHAN, DAVID H.** ☐ Delete
 STREET ADDRESS **175 DERBY ST.**
 CITY-ST-ZIP **HINGHAM MA**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D YULE, LEE N.** ☐ Delete
 STREET ADDRESS **122 MARTINS LANE**
 CITY-ST-ZIP **HINGHAM MA 02043**

TITLE
 NAME **Yule, Lee N.** ☒ Change ☐ Addition
 STREET ADDRESS **4 Fire Thorn Lane**
 CITY-ST-ZIP **Sandwich, MA 02563**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan E. Norton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 8/27/02

Date

Daytime Phone #

CR2E034 (4/02)