

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

0614114 AT

DOCUMENT # 849522

1. Entity Name
SAGER FUND, INC.



05-06-2003 90029 040 ***150.00

Principal Place of Business
**97 LIBBEY INDUSTRIAL PKWY
WEYMOUTH MA 02189**

Mailing Address
**97 LIBBEY INDUSTRIAL PKWY
WEYMOUTH MA 02189**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-1800700**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **382 FALMOUTH WOOD ROAD**
CITY-ST-ZIP **EAST FALMOUTH, MA 02536**

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

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

TITLE **D** ☐ Delete
NAME **YULE, LEE N.**
STREET ADDRESS **4 FIRE THORN LANE**
CITY-ST-ZIP **SANDWICH MA 02563**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

5/1/03

Date

781-682-4844

Daytime Phone #

CR2E034 (10/02)