## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)									FILED Jul 28, 2003 8:00 am Secretary of State 07-28-2003 90134 014 ***150.00						
DOCUMENT # F0100006547															
SABRE S	ECURED	INCOME FUND, IN	IC.												
Principal Place of Business 407 WEKIVA SPRINGS RD. STE 245 LONGWOOD FL 32779  Mailing Address 407 WEKIVA SPRINGS RD. STE 245 LONGWOOD FL 32779						5									
2. Principal Place of Business 3. Mailing Address						· Rhid				L <b>1010</b> 1 (16)1 (	BIII <b>Tu</b> iki <b>Bi</b> ii	HUILI UBII	<b>4 0</b> 1781 <b>0</b> 1141 <b>0</b>		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.						<u> </u>			n\$Z	CHECK I	HERE IF MA	KING C	CHANGES		
Suite 160 Suite 16 City & State City & State								CHECK HERE IF MAKING CHANGES  4. FEI Number E0.2744020 Applied For					pried For		
Winter Park, FL				Winter Park, FL			59-374			59-3744	1830		<b>─</b>	t Applicable	
32789			32789		Country		S. Certificate of Status Desired								
6. Name and Address of Current Registered Agent										idress of i	New Registe	ered Ag	ent		
FULCO, BARRY 407 WEKIVA SPRINGS RD., STE 245 LONGWOOD FL 32779							ry F address (F 1 W.	Fulco (P.O. Box Number is Not Acceptable) . Morse Blud							
						Pityinter			·	1	,	FL	Zip Cod	6 9	
		submits this statement for	the purp	ose of changing its	register					n the State	of Florida.	I am far	niliar with;	and accept	
the obligat	tions of regist	ered agent.												Ì	
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if appl	icable. (NOTE	: Registere	d Agent signat	ture required	when reinsta	ating)			DATE			
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State										on Campai Fund Conti	ign Financin	9 🗆		May Be to Fees	
10. ,	Teas	OFFICERS AND D	IRECTO	RS	11.			ADDIT	TIONS/CH	IANGES TO	OFFICERS				
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TITLE NAME				☐ Delete	TITLE								Change	Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

7.10.03

Attachmen+#

## Sabre Secured Income Fund, Inc. 1031 West Morse Blvd, Suite 160 Winter Park, Florida 32789

July 10, 2003

Division of Corporations Uniform Business Report Filings

P. O. Box 1500

Tallahassee, FL 32302-1500

RE: Sabre Secured Income Fund, Inc.

2003 Uniform Business Report Filing Fee

Dear Sir:

Please be advised that the above corporation did not receive the prior notice for filing the Uniform Business Report for 2003. We wish to request a waiver of the late fee.

Enclosed is the completed Uniform Business Report along with a check for \$150. If you have any questions, please contact me at 407-478-4900.

Sincerely,

Barry Fulco