

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

S/S

FILED
Jun 27, 2003 8:00 am
Secretary of State

05-05-2003 91760 025 ****70.00

DOCUMENT # N01000008651



1. Entity Name
SARASOTA PREDATORS INC.

Principal Place of Business
**4302 MEADOWLAND CIRCLE
SARASOTA FL 34233**

Mailing Address
**4302 MEADOWLAND CIRCLE
SARASOTA FL 34233**

55050007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0021101

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

**SPRAGUE, BARBARA
1710 NELDA LANE
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name **DAVID R. HARTMAN**
Street Address (P.O. Box Number is Not Acceptable)
4302 MEADOWLAND CIRCLE
City **SARASOTA** FL Zip Code **34233**

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 **DAVID R HARTMAN**

David R Hartman

DATE **4-30-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D (PRESIDENT)	<input type="checkbox"/> Delete
NAME	HARTMAN, DAVID	
STREET ADDRESS	4302 MEADOWLAND CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, CECIL	
STREET ADDRESS	1710 NELDA LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TODD	
STREET ADDRESS	4939 LIVE OAK DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, JOSEPH	
STREET ADDRESS	4550 47TH ST W, APT #805	
CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTMAN, THOMAS	
STREET ADDRESS	6134 TURNBURY PK., APT #7102	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *David R Hartman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-30-03**

DAYTIME PHONE # **941-923-7622**

CR2037 (10/02)