

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

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90092 029 \*\*\*\*61.25

**DOCUMENT # NO1000009026**

1. Entity Name

**SIRENS OF THE GOLDEN SABRE INC.**



Principal Place of Business

**10431 CRESTFIELD DR  
RUSKIN FL 33570**

Mailing Address

**P.O. BOX 89505  
TAMPA FL 33689**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0549318**

Applied For

Not-Applicable

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

**DEMARINIS, JILL  
10431 CRESTFIELD DR  
RIVERVIEW FL 33569**

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 \$61.25  
After September-10, 2003; min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**DEMARINIS, JILL** ☐ Delete  
**10431 CRESTFIELD DR**  
**RIVERVIEW FL 33569**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ADAIR, JODI** ☐ Delete  
**1612 E TRAPNELL RD**  
**PLANT CITY FL 33566**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HAMLIN, BRENDA** ☐ Delete  
**2024 CATTLEMEN DR**  
**BRANDON FL 33511**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**HUTCHINSON, DAWN** ☐ Delete  
**2716 WILDER RESERVE DR**  
**PLANT CITY FL 33566**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**LEGARETTA, ELITHA** ☐ Delete  
**3307 W TYSON AVE**  
**TAMPA FL 33611**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Medina Alkroue** ☐ Delete  
**10459 Ashley Oaks Dr.**  
**Riverview, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/03** **6720741**  
Date Daytime Phone #

CR2E037 (4/03)