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

DOCUMENT # N30227

1. Entity Name

SPORTSMEN FOR MENTAL HEALTH, INC.

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Principal Place of Business PO BOX 310 HOMESTEAD FL 33090-0310 US		Mailing Ad PO BOX 310 HOMESTEAD US		0			! J ea rn a n ear an)	188) BYBU B	an andi andi a	a n anan na
2. Principal Place of Business 3		3. Mailing A	3. Mailing Address								
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & S	City & State				03 0124703			pplied For ot Applicable	
Zip Country		Zip	Zip C		buntry		5. Certificate of Sta	atus Desired		\$8.75 Ac	lditional
 	6. Name and Address of Currer	ot Registered Ac	l				7. Name and Add	ress of New Re	edistered		- Cu
	Vi immi una rice	K TIOBIOTOTO	90		Name		***************************************		3		
MARCUS, MICHAEL J.					Street Address (P.O. Box Number is Not Acceptable)						
317 NOR	TH KROME AVENUE			-	0110017100	11000 (.	.0. 500 110,11001 .1 .	O(1000pias,			
HOMEST	EAD FL 33030										
				Ī	City				FI	Zip Cod	de
^ The above	named entity submits this statement	for the purpose :	of changing its	rogistere	d office or re	ogietore	ad agent or both in	ha State of Flor			and accept
the obligat											ĺ
S'GNATURE	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25		e. (NOTE		Agent signature	<u> </u>		Mak	DATE	ck Payable	to
S'GNATURE		g		npaign Fi	nancing	· ·	\$5.00 May Be Added to Fees		ce Chec	ck Payable	
S'GNATURE	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$	\$236.25 DIRECTORS	9. Election Carr Trust Fund C	npaign Fi	nancing		\$5.00 May Be	Florid	ce Chec a Depa	rtment of	State N 10
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STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

7/9/03

3052424335

FILED

Jul 11, 2003 8:00 am Secretary of State

07-11-2003 90049 018 ****61.25