

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000001728**

1. Entity Name

**SPECIAL ATHLETE BOOSTERS, INC.**

Principal Place of Business

**7015 PROFESSIONAL PKWY E  
SARASOTA FL 34240**

Mailing Address

**7015 PROFESSIONAL PKWY E  
SARASOTA FL 34240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0488256**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
48 N WASHINGTON BLVD #1  
SARASOTA FL 34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****10. OFFICERS AND DIRECTORS**

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | COX, JOHN                |                                 |
| STREET ADDRESS | 7015 PROFESSIONAL PKWY E |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34240        |                                 |

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | TD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | SMITH, PETER                |                                            |
| STREET ADDRESS | 2 N. TAMiami TRAI, STE. 604 |                                            |
| CITY-ST-ZIP    | SARASOTA FL                 |                                            |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | V                    | <input type="checkbox"/> Delete |
| NAME           | FROST, KLAUS         |                                 |
| STREET ADDRESS | 2383 INDUSTRIAL BLVD |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34234    |                                 |

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | V                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HOSENFELT, ROBERT   |                                            |
| STREET ADDRESS | 2585 DICK WILSON DR |                                            |
| CITY-ST-ZIP    | SARASOTA FL 34240   |                                            |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | S                 | <input type="checkbox"/> Delete |
| NAME           | KIMBROUGH, ROBERT |                                 |
| STREET ADDRESS | 1530 CROSS ST     |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34236 |                                 |

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MILLER, MICHAEL      |                                            |
| STREET ADDRESS | 395 COMMERCIAL CT #A |                                            |
| CITY-ST-ZIP    | VENICE FL 34282      |                                            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                   |                                                                              |
|----------------|-------------------|------------------------------------------------------------------------------|
| TITLE          | 3/01/01 91254-001 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                   |                                                                              |
| STREET ADDRESS |                   |                                                                              |
| CITY-ST-ZIP    | 3/01/01 91254-002 |                                                                              |

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | TD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Hokamp, Herman         |                                                                              |
| STREET ADDRESS | 2943 Dick Wilson Drive |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34240     |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | V                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sue Hokamp             |                                                                              |
| STREET ADDRESS | 2943 Dick Wilson Drive |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34240     |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| 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           | Tamara Ley               |                                                                              |
| STREET ADDRESS | 4932 Old Oak Leaf Drive. |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34233       |                                                                              |

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 and all other like empowered.

SIGNATURE:

*John J. Cox*  
President

2/23/01 941-9074099

*AM*

FILED

01 JUL 12 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE