

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90130 006 ****70.00

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

910 Gulf Coast Blvd.

3. Mailing Address

P.O. Box 2112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice, Florida

City & State

Venice, Florida

Zip

34292

Country

Sarasota

Zip

34284

Country

Sarasota

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

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

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	COX, JOHN	
STREET ADDRESS	7015 PROFESSIONAL PKWY E	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOKAMP, HERMAN	
STREET ADDRESS	2943 DICK WILSON DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOKAMP, SUE	
STREET ADDRESS	2943 DICK WILSON DRIVE	
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 type="checkbox"/> Delete
NAME	LEY, TAMARA	
STREET ADDRESS	4932 OLD OAK LEAF DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE REQUIRED

CR2E037 (10/02)