2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N97000000693** Jan 27, 2000 8:00 am Tarte Car From **Secretary of State** SAC, INC. 01-27-2000 90031 007 ****61.25 Principal Place of Business Mailing Address 300SANDPIPER DR 300SANDPIPER DR VENICE FL 34292 VENICE FL 34292-3626 101044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0738914 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GORDON, SCOTT E 333 S TAMIAMI TRAIL STE 199 VENICE FL 34292 City 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 DATE FILE NOW: ⊕ , 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition ☐ Delete TITLE Birector ☐ Change TITLE BYSIEWICZ, ALFRED NAMÉ NAME STREET ADDRESS STREET ADDRESS 463 Boxwood 445 SPRUCE AVE CITY-ST-ZIP CITY-ST-ZIP コリスタン VENICE FL 34292 venice Addition Delete ☐ Change TITLE TITLE BAUMGARTEN, ELFRIEDA NAME NAME Joyce Burch 348 Longwood Dr STREET ADDRESS STREET ADDRESS 560 LONGWOOD DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Venice Director ☐ Addition TITLE Delete TITLE Change James Herrick MALDONETO, ANTHONY NAME NAME 471 Sandrict STREET ADDRESS 545 ASPEN AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Change ☐ Delete TITLE ☐ Addition PRICE, RAMONA NAME STREET ADDRESS 377 LONGWOOD DR STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HOLLING WORTH, ALBERT NAME STREET ADDRESS 441 SPRUCE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 Delete TITLE ☐ Change ☐ Addition STEVENS, PATRICIA NAME NAME STREET ADDRESS 349 LAONGWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 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

IATURE: Clary Cofficient Coffice of Director Signature and typed on Printed Name of Signature and Typed on Printed Name of Signature of Director Signature and Typed on Printed Name of Signing Officer on Director Signature and Typed on Printed Name of Signing Officer on Director Signature and Typed on Printed Name of Signing Officer on Director Signature and Typed Officer Officer on Director Signature and Typed Officer Officer

changed, or on an attachment with an address, with all other like empowered