2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90057 003 ****61.25

DOCUMENT # N97000000693

1. Entity Name

SAC, INC.

Principal Place of Business	Mailing Address
300SANDPIPER DR VENICE FL 34292 US	300SANDPIPER DR VENICE FL 34292 US

DO NOT WRITE IN THIS SPACE

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 65-0738914 ☐ 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
GORDON, SCOTT E 333 S TAMIAMI TRAIL STE 199 VENICE FL 34292	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 individual 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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BYSIEWICZ, ALFRED 445 SPRUCE AVE VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Albert E. Hollingworth President 441 Spruce Ave Venice FL 34292 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURCH, JOYCE 348 LONGWOOD DR VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MALDONETO, ANTHONY 545 ASPEN AVE VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRICE, RAMONA 377 LONGWOOD DR VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLINGSWORTH, ALBERT 441 SPRUCE AVE VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Betty Wirtz 480 Beechwood Dr Venice FL 34292 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRICK, JAMES 471 SANDRIFT DR VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mitch Watson 404 Longwood Dr Venice FL 34292 ☐ Change ☑ Addition

CR2E037 (10/00)

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: Albert E. Hollingsworth 1/16/01 941-485-7173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #