

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90775 044 ****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**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, MAGARET 449 LONGWOOD DRIVE VENICE FL 34292	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCH, JOYCE 348 LONGWOOD DR VENICE FL 34292	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALDONETO, ANTHONY 545 ASPEN AVE VENICE FL 34292	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, MITCH 404 LONGWOOD DR VENICE FL 34292	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIRTH, BETTY J 480 BEECHWOOD DR VENICE FL 34292	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRKS, GENE 463 BOXWOOD DRIVE VENICE FL 34292	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRNETH ANDERSON 448 LONGWOOD DR VENICE, FL 34292	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARET MURPHY 449 LONGWOOD DR VENICE, FL 34292	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETTY J WIRTH 480 BEECHWOOD DR VENICE, FL 34292	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATILDA AQUISTAPACE 541 WALNUT CIRCLE VENICE, FL 34292	☐ Change ☒ Addition

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: **BETTY J. WIRTH**

941-488-2372

CR2E037 (10/02)