

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000000104

1. Entity Name
 SACRAMENTO BRAIN TRUST INCORPORATED

Principal Place of Business 6910 NW 2ND TERRACE BOCA RATON FL 33487	Mailing Address 6910 NW 2ND TERRACE BOCA RATON FL 33487
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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 Applied For
 Not Applied For

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LACY WILLIAM R
 6910 NW 2ND TERR

 BOCA RATON FL
 33487 US

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.

SIGNATURE WILLIAM R LACY DATE 04/28/2001
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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LSCY LUCILLE
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	LACY DAN
STREET ADDRESS	2110 GOLDCAMP RD
CITY-ST-ZIP	COLORADO SPRINGS FL 80906
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAM LACY
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY LUCILLE
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACY DAN III
STREET ADDRESS	2110 GOLDCAMP RD
CITY-ST-ZIP	COLORADO SPRINGS FL 80906
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM LACY R
STREET ADDRESS	6910 NW 2ND TERRACE
CITY-ST-ZIP	BOCA RATON FL 33487
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)(f), 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: WILLIAM R LACY PD 04/28/2001

CR2E037 (11/00)