

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/

03 APR -7 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041613

1. Entry Name
SAGAMORE GP CORP.



Principal Place of Business
1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154

Mailing Address
1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154



03-17-03 91089 007 \$158.75
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0771420

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TAPLIN, MARTIN W.
1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154

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 submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TAPLIN, MARTIN W 1177 KANE CONCOURSE STE 201 BAY HARBOR FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SAZANT, NEIL S 1177 KANE CONCOURSE STE 201 BAY HARBOR FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVA, OSMLDA 1177 KANE CONCOURSE STE 201 BAY HARBOR FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.077(1)(b), 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 607, 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

(SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR)

[Handwritten Signature]

CFR2004 (10/02)