

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083983

1. Entity Name  
SAC-I, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90234 023 \*\*\*550.00

Principal Place of Business

1901 N. 13TH ST. SUITE 100  
TAMPA FL 33605

Mailing Address

P. O. BOX 24567  
TAMPA FL 33623-4567

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2. Principal Place of Business

P.O. BOX 172117

3. Mailing Address

P.O. BOX 172117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33672

Country

Zip

33672

Country

4. FEI Number 59-3597738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAREY, MICHAEL R  
712 S. OREGON AVE.  
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME STANTON, JOHN  
STREET ADDRESS P. O BOX 24567  
CITY-ST-ZIP TAMPA FL 33623-4567 ☐ Delete

TITLE D  
NAME SHULNBURG, ROBERT  
STREET ADDRESS P. O. BOX 300  
CITY-ST-ZIP GIBSONTON FL 33534-0300 ☒ Delete

TITLE D  
NAME REDMOND, FRANK  
STREET ADDRESS P. O. BOX 300  
CITY-ST-ZIP GIBSONTON FL 33534-0300 ☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS P.O. BOX 172117  
CITY-ST-ZIP TAMPA, FL 33672 ☒ 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 ☐ Change ☐ Addition

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN STANTON

Date

Daytime Phone #

4/23/01 813-621-4641

CR2E034 (10/00)