

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90009 043 ****61.25

DOCUMENT # N97000005568

1. Entity Name

CIRCUS SARASOTA, INC.

Principal Place of Business

Mailing Address

4005 NELSON AVE.
 SARASOTA FL 34231

4005 NELSON AVE.
 SARASOTA FL 34231-8642

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0786312

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

REIS, PEDRO
 4005 NELSON AVE.
 SARASOTA FL 34231

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

**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	P	<input type="checkbox"/> Delete
NAME	CARLSON, ANDY	
STREET ADDRESS	4005 NELSON AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, ALAN	
STREET ADDRESS	4005 NELSON AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAHEY, BOB	
STREET ADDRESS	4005 NELSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOB, DOLLY	
STREET ADDRESS	4005 NELSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALK, DEBBIE	
STREET ADDRESS	4005 NELSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADLER, RITA	
STREET ADDRESS	4005 NELSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELIZABETH HOPKINS		
STREET ADDRESS	4005 NELSON AVE.		
CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RON CARTER		
STREET ADDRESS	4005 NELSON AVE		
CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAMI JOHNS		
STREET ADDRESS	4005 NELSON AVE.		
CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SOPHIA LARUSSO		
STREET ADDRESS	4005 NELSON AVE		
CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SALLY LUCKE		
STREET ADDRESS	4005 NELSON AVE.		
CITY-ST-ZIP	SARASOTA, FL 34231		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALLEN MILLER		
STREET ADDRESS	4005 NELSON AVE.		
CITY-ST-ZIP	SARASOTA, FL 34231		

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: ~~SIGNATURE REQUIRED~~ **Pedro Reis**

1/13/2000 (941) 924-7054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)