

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

108

DOCUMENT # N97000005568
 1. Entity Name

Circus Sarasota, Inc.

FILED

01 DEC 12 PM 12:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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-12/26/01--01103--021

DO NOT WRITE IN THIS SPACE *****61.25 *****61.25

Principal Place of Business Mailing Address
 4005 Nelson Ave. 4005 Nelson Ave.
 Sarasota, FL 34231 Sarasota, FL 34231

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
 65-0786312 Not Applicable

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

6. Name and Address of Current Registered Agent
 Reis, Pedro
 4005 Nelson Ave.
 Sarasota, FL 34231

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 _____ DATE *LS*

**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 NAME STREET ADDRESS CITY-ST-ZIP	President Carlson, Andy 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Adler, Rita 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Hopkins, Elizabeth 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Walk, Deborah 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carter, Ron 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jacob, Dolly 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bowie, Mary Ann G. 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rancourt, Dave 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Moore, James 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Johns, Sami 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lucke, Sally 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Neal, Jim 4005 Nelson Ave. Sarasota, FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: *PEDRO REIS* 11-16-01 941-355-9335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Continued from #11

Director

Pilon, Raymond
4005 Nelson Ave.
Sarasota, FL 34231

Director
Reis, Pedro
4005 Nelson Ave.
Sarasota, FL 34231

Director
Miller, Allen Delete
4005 Nelson Ave.
Sarasota, FL - 34231

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