

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000005568

**Entity Name:** CIRCUS SARASOTA, INC.

**Current Principal Place of Business:**

2075 BAHIA VISTA STREET  
SARASOTA, FL 34239

**Current Mailing Address:**

2075 BAHIA VISTA STREET  
SARASOTA, FL 34239 US

**FEI Number:** 65-0786312

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REIS, PEDRO  
2075 BAHIA VISTA STREET  
SARASOTA, FL 34239 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURER  
Name           VAN TIEGHEM SR., ALBERT  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           CHAIR  
Name           MCKNIGHT, MITCHELL  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           VC  
Name           DEAN, JACK  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           VC  
Name           MALAWSKY, DONALD  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           SECRETARY  
Name           WALK, DEBORAH  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           DIRECTOR  
Name           JOHNSON, ROBERT  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           DIRECTOR  
Name           BROWN, JACK  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title           DIRECTOR  
Name           CARSON, LINDA  
Address        2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEDRO REIS

**CEO**

**05/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FRACZAK, LARRY  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name LOUGHLIN, JOHN  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name REIS, PEDRO  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name SALVATORI, KATHERINE  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name LIEVING, LARRY  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name PALMER, LOU ANN  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name THAYER, COLLEEN  
Address 2075 BAHIA VISTA STREET  
City-State-Zip: SARASOTA FL 34239