NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764035

1. Entity Name

FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90545 003 ****61.25

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Sarasota Convention and Visitors Burga		
DO NOT WRITE IN THIS SPA	ACE 20018951	
2. Principal Place of Business 3. Mailing Address C/O H . Williad Suite, Apt. #, etc. Suite, Apt. #, etc.	n Scovill bo not write in this space	
Sarasota FL Sarasota	FL 4. FEI Number 59 - 2189967 Applied For Not Applicable	
-34236 34236	5. Certificate of Status Desired Fee Required	
7. Name and Address of Current Registered Agent Name Scovil H. William Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Sarasota FL Zip Code 3 H 3 H 3 H		
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 resistating) DATE		
FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Initial or Amended UBR 9. Election Campaign Financing \$5.00 May Be Initial or Amended UBR 9. Election Campaign Financing \$5.00 May Be Initial or Amended UBR 9. Election Campaign Financing \$5.00 May Be Initial Or Amended UBR 9. Election Campaign Financing \$5.00 May Be Initial Or Amended UBR		
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Venice FL 34285 TITLE NAME STREET ADDRESS CITY-ST-ZIP Venice FL 34285 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST	TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: