

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34893 (0)

1. Corporation Name
SUNCOAST BASKETBALL REFEREES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1989	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2974405	Applied For Not Applicable

Principal Place of Business % STEPHEN G. WATTS 611 DRUID RD. E. #102. P O BOX 10213 CLEARWATER FL 34617	Mailing Address % STEPHEN G. WATTS 611 DRUID RD. E. #102. P O BOX 10213 CLEARWATER FL 34617
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WATTS, STEPHEN G.
611 DRUID RD E #102
CLEARWATER FL 34618**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEBANDS, PETE
STREET ADDRESS	611 DRUID RD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	WALDRON, JACK
STREET ADDRESS	611 DRUID RD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	TAYLOR, STEVE
STREET ADDRESS	611 DRUID RD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	TD
NAME	STUART, RON
STREET ADDRESS	611 DRUID RD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	CURRAN, P.J.
STREET ADDRESS	611 DRUID RD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	AMPER, JEFF
STREET ADDRESS	611 DRUID RD.
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andrew Zrombala	
1.3 STREET ADDRESS	611 Druid Rd.	
1.4 CITY - ST - ZIP	Clearwater, FL 34611	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rick Cecil	
2.3 STREET ADDRESS	611 Druid Rd.	
2.4 CITY - ST - ZIP	Clearwater, FL 34617	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bob Sutton	
5.3 STREET ADDRESS	611 Druid Rd.	
5.4 CITY - ST - ZIP	Clearwater, FL 34617	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mike Buckingham	
6.3 STREET ADDRESS	611 Druid Rd.	
6.4 CITY - ST - ZIP	Clearwater FL 34617	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ron Stuart Ron Stuart, Treasurer 4/24/95 413-412-1409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone