

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 04 1997 8:00am  
Secretary of State

DOCUMENT # N34893 (0)

1. Corporation Name

SUNCOAST BASKETBALL REFEREES, INC.



Principal Place of Business

Mailing Address

~~W. ANTHONY A. PERNA, JR.~~  
P.O. BOX 10164  
LARGO FL 34643-0164

~~W. ANTHONY A. PERNA, JR.~~  
P.O. BOX 10164  
LARGO FL 34643-0164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/25/1989

3a. Date of Last Report  
12/23/1996

2. Principal Place of Business

2a. Mailing Address

21 LARGO FL.

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SAME AS ABOVE

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-2974405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PERNA, ANTHONY A JR.~~  
~~680 CAPRI BLVD.~~  
~~TREASURE ISLAND FL 33706~~

81 Name  
MATTHEW P. SCHMEIZER - TREASURER  
82 Street Address (P.O. Box Number is Not Acceptable)  
40 SUNCOAST BASKETBALL REFEREES  
83 P.O. BOX 10164  
84 City  
LARGO  
85 Zip Code  
FL 34643

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CECIL, RICK  
STREET ADDRESS 680 CAPRI BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

1.1 TITLE PRESIDENT  
1.2 NAME JEFF AMPER  
1.3 STREET ADDRESS 173 ALLENS RIDGE DR. EAST  
1.4 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VP  
NAME SUTTON, BOB  
STREET ADDRESS 680 CAPRI BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

2.1 TITLE VICE PRESIDENT  
2.2 NAME PAUL WEHIN  
2.3 STREET ADDRESS 1409 QUAIL DR.  
2.4 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE SD  
NAME BUCCINO, ART  
STREET ADDRESS 680 CAPRI BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

3.1 TITLE SECRETARY  
3.2 NAME MICHAEL LONG  
3.3 STREET ADDRESS 14590 ANCHORAGE CIL  
3.4 CITY-ST-ZIP SEMINOLE, FL 34646

TITLE TO  
NAME PERNA, ANTHONY A JR.  
STREET ADDRESS 680 CAPRI BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

4.1 TITLE TREASURER  
4.2 NAME MATTHEW P. SCHMEIZER  
4.3 STREET ADDRESS 507 FAIRWOOD AVE #241  
4.4 CITY-ST-ZIP CLEARWATER, FL 34619

TITLE D  
NAME AMPER, JEFF  
STREET ADDRESS 680 CAPRI BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

5.1 TITLE AT-LARGE  
5.2 NAME RUSSELL SAGE  
5.3 STREET ADDRESS 911 S. FLORIDA AVE  
5.4 CITY-ST-ZIP PALM HARBOR SPRINGS FL 34689

TITLE D  
NAME BUCKINGHAM, MIKE  
STREET ADDRESS 680 CAPRI BLVD.  
CITY-ST-ZIP TREASURE ISLAND FL 33706

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 SIGNATURE REQUIRED

MATTHEW P. SCHMEIZER  
28 July 97 (812) 299 9651

CR2E037 (4/97)