

FILE NOW: FILING FEE IS \$61.25

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**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34893 (0)
1. Corporation Name
SUNCOAST BASKETBALL REFEREES, INC.



Principal Place of Business P.O BOX 10164 LARGO FL 34643-0164 US	Mailing Address P.O BOX 10164 LARGO FL 34643-0164 US
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3. Date Incorporated or Qualified 10/25/1989	
4. FEI Number 59-2974405	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25 29 30

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHMELZER, MATTHEW P
C/O SUNCOAST BASKETBALL REFEREES
P.O BOX 10164
LARGO FL 34643**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMPER, JEFF	
STREET ADDRESS	173 ALLENS RIDGE DR EAST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	UCHRIN, PAUL	
STREET ADDRESS	1409 QUAIL DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LONG, MICHAEL	
STREET ADDRESS	14590 ANCHORAGE CIR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHMELZER, MATTHEW P	
STREET ADDRESS	507 FAIRWOOD AVE., #241	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	SAGE, RUSSELL	
STREET ADDRESS	911 S FLORIDA AVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKINGHAM, MIKE	
STREET ADDRESS	680 CAPRI BLVD.	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2452 Enterprise Rd., Apt. 2010
2.4 CITY-ST-ZIP	Clearwater
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Peter Serbanos
5.3 STREET ADDRESS	3145 Masters Dr.
5.4 CITY-ST-ZIP	Clearwater
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ 30 Apr 1998 813 799-9624

CR2E037 (1097)