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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34893

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/25/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2974405
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHMELZER, MATTHEW P C/O SUNCOAST BASKETBALL REFEREES P.O BOX 10164 LARGO FL 34643	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 617.0502 and 617.1909, 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]* DATE: 4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	AMPER, JEFF 173 ALLENS RIDGE DR EAST PALM HARBOR FL	1.1 TITLE	
TITLE VP	UCHRIN, PAUL 2452 ENTERPRISE RD APT 2010 CLEARWATER FL	2.1 TITLE	
TITLE S	LONG, MICHAEL 14590 ANCHORAGE CIR SEMINOLE FL	3.1 TITLE	
TITLE T	SCHMELZER, MATTHEW P 507 FAIRWOOD AVE., #241 CLEARWATER FL	4.1 TITLE	
TITLE D	SERBANOS, PETER 3145 MASTERS DRIVE CLEARWATER FL	5.1 TITLE	
TITLE D	BUCKINGHAM, MIKE 680 CAPRI BLVD. TREASURE ISLAND FL 33706	6.1 TITLE	4949 Marbrisa Dr. #1616 Tampa, FL 33624

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-22-99 DAYTIME PHONE #

CR2E037 (1/96)