

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90137 021 \*\*\*\*61.25

**DOCUMENT # N34893**

1. Entity Name

**SUNCOAST BASKETBALL REFEREES, INC.**

Principal Place of Business

Mailing Address

P.O BOX 10164  
 LARGO FL 34643-0164  
 US

P.O BOX 10164  
 LARGO FL 34643-C164  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2974405**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

507 Fairwood Ave., #241

City

Clearwater

FL

Zip Code  
 33763

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMPER, JEFF 173 ALLENS RIDGE DR EAST PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UCHRIN, PAUL 2452 ENTERPRISE RD APT 2010 CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LONG, MICHAEL 14590 ANCHORAGE CIR SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMELZER, MATTHEW P 507 FAIRWOOD AVE., #241 CLEARWATER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERBANOS, PETER 3145 MASTERS DRIVE CLEARWATER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKINGHAM, MIKE 494 NARBRISSA DR- #1616 TAMPA FL 33624	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ed Wells, III 429 Harbor Dr.S. Indian Rocks Beach, FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Taylor 1036 Madison St. Largo 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ron Bitz 3505 Rolling Trail Palm Harbor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Buddy Morabito 1997 68th Ave.S. St.Petersburg 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Matthew P. Schmelzer*  
 MATTHEW P. SCHMELZER  
 4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)