

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34893

1. Entity Name

SUNCOAST BASKETBALL REFEREES, INC.

Principal Place of Business

P.O BOX 10164  
LARGO FL ~~34049-0164~~  
US

Mailing Address

P.O BOX 10164  
LARGO FL ~~34049-0164~~  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~33773-0164~~

~~33773-0164~~

4. FEI Number

59-2974405

Applied For

Not Applicable

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

507 FAIRWOOD AVE

#241

CLEARWATER FL ~~33769~~ 33759

Name

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

City

FL

Zip Code  
33759

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 DVP  
NAME AMER, JEFF  
STREET ADDRESS 173 ALLENS RIDGE DR EAST  
CITY-ST-ZIP PALM HARBOR FL 34683

☐ Delete

TITLE VICE PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P  
NAME WELLS, ED III  
STREET ADDRESS 429 HARBOR DR S.  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S  
NAME LONG, MICHAEL  
STREET ADDRESS 14590 ANCHORAGE CIR  
CITY-ST-ZIP SEMINOLE FL 33776

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME TAYLOR, STEVE  
STREET ADDRESS 1036 MADISON ST  
CITY-ST-ZIP LARGO FL 33770

☐ Delete

TITLE  
NAME  
STREET ADDRESS 2599 Dolly Bay Dr. #301  
CITY-ST-ZIP PALM HARBOR FL 34684

☒ Change

☐ Addition

TITLE D  
NAME BITZ, RON  
STREET ADDRESS 3505 ROLLING TRL  
CITY-ST-ZIP PALM HARBOR FL 34684

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME MORABITO, BUDDY  
STREET ADDRESS 1997 68TH AVE S.  
CITY-ST-ZIP SAINT PETERSBURG FL 33712

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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*

29 Mar. 2002

(727) 799-9624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0000004

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 91184 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE