

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34893

1. Entity Name

SUNCOAST BASKETBALL REFEREES, INC.

Principal Place of Business

P.O BOX 10164  
LARGO FL 33773-0164  
US

Mailing Address

P.O BOX 10164  
LARGO FL 33773-0164  
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

Name

SCHMELZER, MATTHEW P  
507 FAIRWOOD AVE  
#241  
CLEARWATER FL 33769- 33759

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

Delete

TITLE

Vice President

Change

✓

Addition

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

Delete

TITLE

Change

✓

Addition

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

Delete

TITLE

Change

✓

Addition

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

Delete

TITLE

Change

✗

Addition

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

Delete

TITLE

Change

✓

Addition

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

Delete

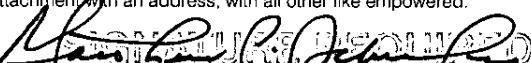
TITLE

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Mar. 2002 (727)799-9624

Date

Daytime Phone #

0080804

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)