


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90008 004 ****61.25

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2974405	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHMELZER, MATTHEW P 507 FAIRWOOD AVE #241 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
Filing Fee is \$61.25 Due by May 1, 2004				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: AMPER, JEFF STREET ADDRESS: 173 ALLENS RIDGE DR EAST CITY-ST-ZIP: PALM HARBOR, FL 34683				TITLE: P NAME: AMPER, JEFF STREET ADDRESS: 173 ALLENS RIDGE DR E CITY-ST-ZIP: PALM HARBOR FL 34683	
TITLE: P NAME: WELLS, ED III STREET ADDRESS: 429 HARBOR DR S. CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785				TITLE: VP NAME: WELLS, ED STREET ADDRESS: 429 HARBOR DR S CITY-ST-ZIP: INDIAN ROCKS BEACH, FL 33785	
TITLE: S NAME: LONG, MICHAEL STREET ADDRESS: 14590 ANCHORAGE CIR CITY-ST-ZIP: SEMINOLE, FL 33776				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: TAYLOR, STEVE STREET ADDRESS: 2599 DOLLY BAY DR #301 CITY-ST-ZIP: PALM HARBOR, FL 34684				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D NAME: BITZ, RON STREET ADDRESS: 3505 ROLLING TRL CITY-ST-ZIP: PALM HARBOR, FL 34684				TITLE: D NAME: Peccorelli, Bob STREET ADDRESS: 1941 DROID ST SE CITY-ST-ZIP: CLEARWATER FL 33764	
TITLE: D NAME: MORABITO, BUDDY STREET ADDRESS: 1997 68TH AVE S. CITY-ST-ZIP: SAINT PETERSBURG, FL 33712				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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: <u>Matthew P. Schmelzer</u> MATTHEW SCHMELZER TREASURER 04/01/04 727 799-9624					