

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90024 003 \*\*\*\*61.25

DOCUMENT # **N94000005353**

Corporation Name

**SPORTS COMMITTEE OF SARASOTA, INC.**

Principal Place of Business

834 MAIN ST  
SARASOTA FL 34236

Mailing Address

1834 MAIN ST  
SARASOTA FL 34236



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/27/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0572468	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		5. Election Campaign Financing		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**PADEREWSKI, ALEXANDER G**  
1834 MAIN ST  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	SHEA, NORMAN J III				
STREET ADDRESS	800 S OSPREY AVE				
CITY-STATE-ZIP	SARASOTA FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	LUCAS, TOM				
STREET ADDRESS	2571 GREEN OAK CT				
CITY-STATE-ZIP	SARASOTA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PADEREWSKI, ALEXANDER G				
STREET ADDRESS	1834 MAIN ST				
CITY-STATE-ZIP	SARASOTA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HAY, JOHN				
STREET ADDRESS	4028 OAKLEY GREEN				
CITY-STATE-ZIP	SARASOTA FL 34235				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KENNY, JOE				
STREET ADDRESS	755 S PALM AVE, #602				
CITY-STATE-ZIP	SARASOTA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-STATE-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-STATE-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-STATE-ZIP					

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 REQUIRED**

6-28-99 Tm.

Date Daytime Phone #

CR2E037 (11/98)

**SUPLEE & SHEA, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS

583817-90024-3  
N94000005353

T. Raymond Suplee, CPA  
Norman J. Shea, III, CPA  
Thomas R. Cramer, CPA  
Joseph E. Rocklein, III, CPA

June 28, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Sports Committee of Sarasota, Inc.  
DOC# N94000005353  
TIN: 65-0572468

Gentlemen:

Enclosed please find the 1999 Annual Report for, along with a check in the amount of \$61.25.

We respectfully request you accept this as payment in full, as the late-filing was due to an oversight.

Thank you for your consideration in this matter. If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,



Norman J. Shea, III, CPA

NJS/nw

Enclosures