FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2001 8:00 am DOCUMENT # N94000005353 **Secretary of State** 1. Entity Name 02-21-2001 90026 046 \*\*\*\*61.25 SPORTS COMMITTEE OF SARASOTA, INC. Mailing Address Principal Place of Business 1834 MAIN ST 1834 MAIN ST B0017005 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0572468 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PADEREWSKI, ALEXANDER G 1834 MAIN ST SARASOTA FL 34236 City Zip Code\_\_\_\_ 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) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD ☐ Addition TITLE CR2E037 (10/00 Delete TITLE ☐ Change NAME SHEA, NORMAN J III NAME STREET ADDRESS 800 S OSPREY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUCAS, TOM NAME STREET ADDRESS STREET ADDRESS 2571 GREEN OAK CT CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE .-Delete-- X Change ☐ Addition NAME DANT, TOM NAME DART, TOM STREET ADDRESS STREET ADDRESS 1549 RINGLING BLD 1549 RINGLING BLVD CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP SARASOTA, FL TITLE Delete TITLE ☐ Change ☐ Addition NAME HAY, JOHN NAME STREET ADDRESS **4028 OAKLEY GREEN** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 TITLE Delete TITLE ☐ Change ☐ Addition NAME KENNY, JOE NAME STREET ADDRESS STREET ADDRESS 755 S PALM AVE, #602 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #