

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005353

1. Entity Name
SPORTS COMMITTEE OF SARASOTA, INC.



Principal Place of Business
1834 MAIN ST
SARASOTA, FL 34236

Mailing Address
1834 MAIN ST
SARASOTA, FL 34236



02172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0572468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADEREWSKI, ALEXANDER G
1834 MAIN ST
SARASOTA, FL 34236

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IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SHEA, NORMAN J III
STREET ADDRESS	800 S OSPREY AVE
CITY - ST - ZIP	SARASOTA, FL
TITLE	SD
NAME	LUCAS, TOM
STREET ADDRESS	2571 GREEN OAK CT
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	DART, TOM
STREET ADDRESS	1549 RINGLING BLVD
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	D
NAME	HAY, JOHN
STREET ADDRESS	4028 OAKLEY GREEN
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/09/04-80026-004 61.25

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IN THIS SPACE**

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 #