

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

0061979

**DOCUMENT # N95000002737**

1. Entity Name

**SUNSHINE OFFICIALS ASSOCIATION-WRESTLING, INC.**

02-20-2001 90030 031 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

~~5381 12 AVE N~~ **5021 16 AVE N**  
 ST PETERSBURG FL 33710-903  
 US

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 ST PETERSBURG FL 33710-903  
 US

2. Principal Place of Business

3. Mailing Address

**5021 16 AVE N**

**5021 16 AVE N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0609667**

Applied For

Not Applicable

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

**RICO, KEN**

~~5381 12 AVE N~~ **5021 16 AVE N**  
 ST PETERSBURG FL 33710-5903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**KENNETH D. RICO** *Kenneth D. Rico*

**2/14/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALLISON, WALTER</b> <b>3675 SHORE BLVD</b> <b>OLDSMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WITHERS, ERNIE</b> <b>6816 36TH AVE EAST</b> <b>BRADENTON FL 34208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMOOTH, JAMES</b> <b>3832 YARDLEY AVE N</b> <b>ST PETERSBURG FL 33713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NILES, JOHN W</b> <b>9773 1ST ST NE</b> <b>ST PETERSBURG FL 33702</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LAWTON, JOHN</b> <b>1100 PINE RIDGE CIRCLE WEST #101F</b> <b>TARPON SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RICO, KEN</b> <b>5381 12 AVE N</b> <b>ST PETERSBURG FL 33710-5903</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kenneth D. Rico*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/01 (727) 365-4907**  
 Date

Daytime Phone #

CR2E037 (10/00)