

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004128

1. Entity Name

SARASOTA BASEBALL CLASSIC, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90054 004 ****61.25

Principal Place of Business	Mailing Address
2384 SEATTLE SLEW DRIVE SARASOTA FL 34240	2384 SEATTLE SLEW DRIVE SARASOTA FL 34240-8888
6625 DEERING CIRCLE SARASOTA FL 34240	SAME

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0688540		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RINCON, EDWARD A 2384 SEATTLE SLEW DRIVE SARASOTA FL 34240		Name Street Address (P.O. Box Number is Not Acceptable) 6625 DEERING CIRCLE City SARASOTA FL Zip Code 34240	

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	EDWARD A. RINCON TREAS.	3/1/00
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNETT, LYNN	NAME	LARRY TWYFORD
STREET ADDRESS	5840 PALMER BLVD	STREET ADDRESS	1158 BACON AVE
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	SARASOTA FL 34237
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCALF, CLYDE	NAME	
STREET ADDRESS	1000 S SCHOOL AVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLES, BRIAN	NAME	
STREET ADDRESS	1565 NORTHGATE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, KEN	NAME	
STREET ADDRESS	2509 WOOD OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINCON, EDWARD A	NAME	
STREET ADDRESS	2384 SEATTLE SLEW DRIVE	STREET ADDRESS	6625 DEERING CIRCLE
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP	SARASOTA FL 34240
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGERT, RAY	NAME	
STREET ADDRESS	999 CATTLEMEN ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	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:	EDWARD A. RINCON	3/1/00	941-371-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/99)