

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004128

1. Entity Name

SARASOTA BASEBALL CLASSIC, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90244 010 ****61.25

Principal Place of Business

6625 DEERING CIRCLE
SARASOTA FL 34240

Mailing Address

6625 DEERING CIRCLE
SARASOTA FL 34240

B0031141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0688540

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINCON, EDWARD A
6625 DEERING CIRCLE
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name LYNN R. BONNETT

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

5840 PALMER BLVD

City SARASOTA

FL

Zip Code 34232

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

LYNN R. BONNETT

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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

TITLE PD
NAME BONNETT, LYNN
STREET ADDRESS 5840 PALMER BLVD
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE VD
NAME METCALF, CLYDE
STREET ADDRESS 1000 S SCHOOL AVE
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE D
NAME AHLES, BRIAN
STREET ADDRESS 1565 NORTHGATE BLVD.
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE D
NAME TUCKER, KEN
STREET ADDRESS 2509 WOOD OAK DRIVE
CITY-ST-ZIP SARASOTA FL 34232 ☒ Delete

TITLE TD
NAME RINCON, EDWARD A
STREET ADDRESS 6625 DEERING CIRCLE
CITY-ST-ZIP SARASOTA FL 34240 ☒ Delete

TITLE SD
NAME ENGERT, RAY
STREET ADDRESS 999 CATTLEMEN ROAD
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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

LYNN R. BONNETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 941 371-2801

Date

Daytime Phone #

CR2E037 (10/00)