

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000004128**

1. Entity Name

**SARASOTA BASEBALL CLASSIC, INC.**

Principal Place of Business

**6625 DEERING CIRCLE  
SARASOTA FL 34240**

Mailing Address

**6625 DEERING CIRCLE  
SARASOTA FL 34240**

2. Principal Place of Business

**5840 PALMER BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**5840 PALMER BLVD.**

Suite, Apt. #, etc.

City &amp; State

**SARASOTA, FL.**

City &amp; State

**SARASOTA, FL.**

Zip

**34232**

Country

**SARASOTA**

Zip

**34232**

Country

**SARASOTA**

4. FEI Number

**65-0688540**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BONNETT, LYNN R  
5840 PALMER BLVD  
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BONNETT, LYNN	5840 PALMER BLVD	SARASOTA FL 34232	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	METCALF, CLYDE	1000 S SCHOOL AVE	SARASOTA FL 34236	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	AHLES, BRIAN	1565 NORTHGATE BLVD.	SARASOTA FL 34234	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	ENGERT, RAY	999 CATTLEMEN ROAD	SARASOTA FL 34232	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 #

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90378 009 \*\*\*\*61.25

DUPLICATE



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)