

2005 **NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR) (AR)**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90027 013 \*\*\*\*61.25

DOCUMENT # *N96000004128*

1. Entity Name

*SARASOTA BASEBALL CLASSIC, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*5840 PALMER BLVD.*

3. Mailing Address

*5840 PALMER BLVD.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*SARASOTA, FL.*

City & State

*SARASOTA, FL.*

4. FEI Number

*65-0688540*

Applied For

Not Applicable

Zip

*34232*

Country

*SARASOTA*

Zip

*34232*

Country

*SARASOTA*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*BONNETT, LYNN R.*

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

*5840 PALMER BLVD.*

*SARASOTA, FL.*

City

**FL**

Zip Code

*34232*

**DO NOT WRITE 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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. **PD** OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*BONNETT, LYNN*  
*5840 PALMER BLVD.*  
*SARASOTA, FL. 34232*

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*D*  
*RAHLES, BRIAN*  
*1565 NORTH GATE BLVD*  
*SARASOTA, FL. 34234*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*ED*  
*EMERY, RAY*  
*999 LUTHERAN RD.*  
*SARASOTA, FL. 34232*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lynn R. Bonnett*

*LYNN R. BONNETT*

*7/15/05 (941) 371-2801*

CR2E037B (12/02)