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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000005148**

1. Corporation Name
RIVERVIEW WRESTLING BOOSTERS CLUB, INC.

Principal Place of Business Mailing Address
 2401 McLellan Parkway
 -Sarasota, FL 34239



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2536 Riverview Court	26	2536 Riverview Court	9/12/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0792842	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Sarasota, FL	28	Sarasota, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	34231	25	USA	29	34231
				30	USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
George J. Straschnov 46 N. Washington Boulevard, Suite 24 Sarasota, FL 34230				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	Sarasota	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *George J. Straschnov* (NOTE: Registered Agent signature required when reinstating) DATE 7/20/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Bunting, Dennis		1.2 NAME	Anno, Ron			
STREET ADDRESS	2536 Riverview Court		1.3 STREET ADDRESS	1511 N. Lakeshore Dr.			
CITY-ST-ZIP	Sarasota, FL 34231		1.4 CITY-ST-ZIP	Sarasota, FL 34231			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Chittick, Bair		2.2 NAME	Aronin, Peter			
STREET ADDRESS	4983 Oldham Road		2.3 STREET ADDRESS	4734 Old Farm Road			
CITY-ST-ZIP	Sarasota, FL 34238		2.4 CITY-ST-ZIP	Sarasota, FL 34233			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	Guillaume, Paul		3.2 NAME	Ellis, Calvin			
STREET ADDRESS	2401 McLellan Pkwy		3.3 STREET ADDRESS	4136 Wake Avenue			
CITY-ST-ZIP	Sarasota, FL 34239		3.4 CITY-ST-ZIP	Sarasota, FL 34241			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Ellis, Kelly			
STREET ADDRESS			4.3 STREET ADDRESS	4136 Wake Avenue			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Sarasota, FL 34241			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V.P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	Hans, Bill			
STREET ADDRESS			5.3 STREET ADDRESS	5117 Timber Chase Way			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Sarasota, FL 34238			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis M. Bunting* Date 8/10/99 Daytime Phone # 941-923-1502

CR2E037 (11/98)