

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90116 020 \*\*\*\*61.25

DOCUMENT # N97000005168

1. Entity Name  
 RIVERVIEW WRESTLING BOOSTERS CLUB, INC. ✓

Principal Place of Business  
 2536 RIVERVIEW COURT  
 SARASOTA, FL 34231

Mailing Address

2. Principal Place of Business  
 4136 WAKE AVE

3. Mailing Address  
 4136 WAKE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 SARASOTA, FL

City & State  
 SARASOTA, FL

4. FEI Number  
 65-0792842

Applied For  
 Not Applicable

Zip  
 34241

Country  
 US

Zip  
 34241

Country  
 US

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

00068107

DO NOT WRITE IN THIS SPACE

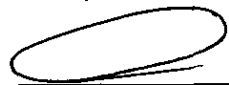
6. Name and Address of Current Registered Agent

CHAD M. McCLEATHEN, ESQ.  
 630 S. ORANGE AVE  
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 2033 MAIN STREET, SUITE 400  
 City SARASOTA FL Zip Code 34237

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  
 CHAD M. McCLEATHEN

6/15/00

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW**  
**FEES ARE \$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	DENNIS BUNTING 2536 RIVERVIEW COURT SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON ANNO 1511 N. LAKESHORE DR SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER ARONIN 4734 OLD FARM ROAD SARASOTA, FL 34233	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL HAYS 5117 TIMBER CHASE WAY SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALVIN ELLIS 4136 WAKE AVE SARASOTA, FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLY ELLIS 4136 WAKE AVE SARASOTA, FL 34241	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAD M. McCLEATHEN 2033 MAIN STREET, SUITE 400 SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY BERKEY 4938 HUBNER COURT SARASOTA, FL 34241	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL McIVER 7338 BEE RIDGE ROAD SARASOTA, FL 34241	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE MAY 7436 METRICA DRIVE SARASOTA, FL 34241	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laurie Bunting 2536 RIVERVIEW COURT SARASOTA, FL 34231	<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

6/15/00 (941) 926-7762

Date

Daytime Phone #

CR2E037 (9/99)