2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005168

FILED
Jul 17, 2000 8:00 am
Secretary of State
07-17-2000 90116 020 ****61.25

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DO NOT WRITE IN THIS SPACE

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
Suite, Apt. #, etc.:
City & State: SARASOTA, FL
Zip: 34241 Country: US

3. Mailing Address: 4136 WAKE AVE
Suite, Apt. #, etc.:
City & State: SARASOTA, FL
Zip: 34241 Country: US

4. FEI Number: 65-0792842 — Applied For / Not Applicable

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

6. **Name and Address of Current Registered Agent**
CHAD M McCLENATHEN, 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: _____ DATE: 6/15/00
Signature, typed or printed name of registered agent and title if applicable: CHAD M McCLENATHEN (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (9/99)

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME: DENNIS BUNTING ☑ Delete STREET ADDRESS: 2536 RIVERVIEW COURT CITY-ST-ZIP: SARASOTA, FL 34231	TITLE / NAME: CHAD M. McCLENATHEN ☐ Change ☑ Addition STREET ADDRESS: 2033 MAIN STREET, SUITE 400 CITY-ST-ZIP: SARASOTA, FL 34237 P/D
TITLE / NAME: RON ANNO ☑ Delete STREET ADDRESS: 1511 N. LAKESHORE DR CITY-ST-ZIP: SARASOTA, FL 34231	TITLE / NAME: LARRY BERKERY ☐ Change ☐ Addition STREET ADDRESS: 4938 HUBNER COURT CITY-ST-ZIP: SARASOTA, FL 34241 D
TITLE / NAME: PETER ARONIN ☑ Delete STREET ADDRESS: 4734 OLD FARM ROAD CITY-ST-ZIP: SARASOTA, FL 34233	TITLE / NAME: PAUL McIVER ☐ Change ☐ Addition STREET ADDRESS: 7338 BEE RIDGE ROAD CITY-ST-ZIP: SARASOTA, FL 34241 D
TITLE / NAME: BILL HAYS ☑ Delete STREET ADDRESS: 5117 TIMBER CHASE WAY CITY-ST-ZIP: SARASOTA, FL 34238	TITLE / NAME: STEVE MAY ☐ Change ☐ Addition STREET ADDRESS: 7436 MYRICA DRIVE CITY-ST-ZIP: SARASOTA, FL 34241 D
TITLE / NAME: CALVIN ELLIS D ☐ Delete STREET ADDRESS: 4136 WAKE AVE CITY-ST-ZIP: SARASOTA, FL 34241	TITLE / NAME: LAURIE BUNTING ☐ Change ☐ Addition STREET ADDRESS: 2536 RIVERVIEW COURT CITY-ST-ZIP: SARASOTA, FL 34231 VP/D
TITLE / NAME: KELLY ELLIS D/T/S ☐ Delete STREET ADDRESS: 4136 WAKE AVE CITY-ST-ZIP: SARASOTA, FL 34241	TITLE / NAME: ☐ Change ☐ Addition STREET ADDRESS: CITY-ST-ZIP:

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: _____ Date: 6/15/00 Daytime Phone #: (941) 926-7762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: President