

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90002 049 ****61.25

0076413

DOCUMENT # N97000005168

1. Entity Name

RIVERVIEW WRESTLING BOOSTERS CLUB, INC.

(LA)

Principal Place of Business

~~4136 WAKE AVE-~~
SARASOTA FL 34241
 US

Mailing Address

4136 WAKE AVE
SARASOTA FL 34241
 US

2. Principal Place of Business

7059 Saddle Creek Lane
 Suite, Apt. #, etc.

3. Mailing Address

7059 Saddle Creek Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

65-0792842

Applied For

Not Applicable

Zip

34241

Country

Sarasota

Zip

34241

Country

Sarasota

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLLENATHEN, CHAD M ESQ
~~2033 MAIN STREET~~
~~STE 400~~
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

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

1820 Ringling Blvd

City

Sarasota

FL

Zip Code

34236

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)

6/13/01

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	PD MCCLLENATHEN;	<input type="checkbox"/> Delete
NAME	MCCLLENATHEN, CHAD M	
STREET ADDRESS	2033 MAIN ST STE 400 1820 Ringling Blvd	
CITY-ST-ZIP	SARASOTA FL 34237	34236
TITLE	D, V-P	<input type="checkbox"/> Delete
NAME	BERKERY, LARRY	
STREET ADDRESS	4938 HUBNER CT	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCIVER, PAUL	
STREET ADDRESS	7338 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, STEVE	
STREET ADDRESS	7436 MYRICK DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BUNTING, LAURIE	
STREET ADDRESS	2536 RIVERVIEW CT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HANS, BILL	
STREET ADDRESS	5117 TIMBER CHASE WAY	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ELLIS, CALVIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4136 WAKE AVE	
STREET ADDRESS	SARASOTA, FL 34241	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	ELLIS, KELLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4136 WAKE AVE	
STREET ADDRESS	SARASOTA, FL 34241	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	Roger Ierardi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1941 Baywood Ct	
STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	Terry Lewis	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4371 Kingston Loop	
STREET ADDRESS	Sarasota, FL 34238	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D.T. Donna Garsy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4024 Red Rock Lane	
STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *(Signature)* SIGNATURE REQUIRED

2/7/01 (941) 926-7762

CR2E037 (10/00)