

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP 26 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09232008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N97000005568</b> 1. Entity Name <b>CIRCUS SARASOTA, INC.</b>					
Principal Place of Business <b>8251 15TH STREET EAST SUITE B SARASOTA, FL 34243</b>			Mailing Address <b>8251 15TH STREET EAST SUITE B SARASOTA, FL 34243</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>65-0786312</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>REIS, PEDRO 4005 NELSON AVE. SARASOTA, FL 34231</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LIEVING, LARRY</b> <b>8251 15TH ST. EAST, UNIT B</b> <b>SARASOTA, FL 34234</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Collins, Robert</b> <b>8251 15th St. E. Unit B</b> <b>SARASOTA, FL 34243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PILON, RAYMOND</b> <b>8251 15TH ST EAST UNIT B</b> <b>SARASOTA, FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Kraegel, Eugene</b> <b>8251 15th St. E. Unit B</b> <b>Sarasota, FL 34243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ADLER, RITA</b> <b>8251 15TH ST EAST UNIT B</b> <b>SARASOTA, FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Malawsky, Donald</b> <b>8251 15th St. E. Unit B</b> <b>Sarasota, FL 34243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JACOB, DOLLY</b> <b>8251 15TH ST EAST UNIT B Y</b> <b>SARASOTA, FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Silberstein, JAN</b> <b>8251 15th St. E. Unit B</b> <b>Sarasota, FL 34243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WALK, DEBORAH</b> <b>8251 15TH ST EAST UNIT B</b> <b>SARASOTA, FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>McKnight, Mitchell</b> <b>8251 15th St. E. Unit B</b> <b>Sarasota, FL 34243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, RON</b> <b>8251 15TH ST EAST UNIT B</b> <b>SARASOTA, FL 34243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Trayer, Colleen</b> <b>8251 15th St. E. Unit B</b> <b>Sarasota, FL 34243</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Pedro Reis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9/23/08</u> Daytime Phone # <u>941-355-9335</u>		