

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000201

1. Entity Name
SUNCOAST BASKETBALL GROUP, INC.



Principal Place of Business
**3800 S. TAMiami TRAIL, SUITE 213
SARASOTA, FL 34239**

Mailing Address
**3800 S. TAMiami TRAIL, SUITE 213
SARASOTA, FL 34239**



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0781205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPRINZ, GARY
3800 S. TAMiami TRAIL, SUITE 213
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

GARY N SPRINZ

4/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SPRINZ, GARY
3800 S TAMiami TR #213
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ROBBINS, LOYD
3733 S TUTTLE AVE
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
RANCOURT, DAVE
7261 BEE RIDGE RD
SARASOTA, FL 34241**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WATTS, DANA J
1620 MAIN ST
SARASOTA, FL 34236**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000150454
05/04/04-80008-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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]

GARY N. SPRINZ

4/29/04

941-9146581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #