

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90024 014 \*\*\*150.00

**DOCUMENT # P99000049265**

1. Entity Name

**THE BRITISH OPEN (SARASOTA), INC.**

Principal Place of Business

Mailing Address

**46 N WASHINGTON BLVD #1  
 SARASOTA FL 34236**

**46 N WASHINGTON BLVD #1  
 SARASOTA FL 34236-5932**

2. Principal Place of Business

3. Mailing Address

**8579 S. TAMiami TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SARASOTA FL**

City & State

4. FEI Number

**65-0924742**

Applied For

Not Applicable

Zip  
**34238**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
 46 N WASHINGTON BLVD #1  
 SARASOTA FL 34236**

Name

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

City

**FL**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>D,P</b>	
STREET ADDRESS		<b>NABBS, BERNARD</b>	
CITY-ST-ZIP		<b>8579 S. TAMiami TRAIL</b>	
		<b>SARASOTA FL 34238</b>	
TITLE	<input type="checkbox"/> Delete	<b>D,S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>OLIVER, SIMON</b>	
STREET ADDRESS		<b>8579 S. TAMiami TRAIL</b>	
CITY-ST-ZIP		<b>SARASOTA FL 34238</b>	
TITLE	<input type="checkbox"/> Delete	<b>D,T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>KITSON, TREVOR JOHN</b>	
STREET ADDRESS		<b>8579 S. TAMiami TRAIL</b>	
CITY-ST-ZIP		<b>SARASOTA FL 34238</b>	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**SIMON OLIVER, DIRECTOR and SECRETARY**

(941) 927-1022

Date

Daytime Phone #

CR2E034 (9/99)