

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90005 024 \*\*\*150.00

**DOCUMENT # P99000049265**

1. Entity Name  
**THE BRITISH OPEN (SARASOTA), INC.**

Principal Place of Business      Mailing Address  
**46 N WASHINGTON BLVD #1**      **46 N WASHINGTON BLVD #1**  
**SARASOTA FL 34236**      **SARASOTA FL 34236**

2. Principal Place of Business      3. Mailing Address  
**8579 S. TAMiami TRAIL**      Suite, Apt. #, etc.

City & State      City & State  
**SARASOTA, FLORIDA**

Zip      Country      Zip      Country  
**34238**

4. FEI Number      Applied For  
**65-0924742**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PATTERSON, JOHN**  
**46 N WASHINGTON BLVD #1**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      After MAY 1, 2001 Fee will be \$350.00  
**Make Check Payable to Department of State**

10. Election Campaign Financing       **\$5.00** Added to Fees  
 Trust Fund Contribution.     

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>NABBS, BERNARD</b>	
STREET ADDRESS	<b>8579 S TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>OLIVER, SIMON</b>	
STREET ADDRESS	<b>8579 S TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>KITSON, TREVOR J</b>	
STREET ADDRESS	<b>8579 S TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUNCIE, GRAHAM</b>	
STREET ADDRESS	<b>8579 S. TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>SARASOTA, FLORIDA 34238</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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)(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 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 officers empowered.

SIGNATURE: \_\_\_\_\_ (941) 927-1022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**SIMON OLIVER, Secretary**

CR2E034 (10/00)