

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-12-2001 90256 049 ****61.25

DOCUMENT # 704644

1. Entity Name
PASCO TROTting AND PACING ASSOCIATION, INC.

Principal Place of Business Mailing Address
 9553 OLD LAKELAND HWY 11104 REDBIRD DR
 DADE CITY FL 33525-1449 DADE CITY FL 33525
 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2349454 Not Applicable

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

6. Name and Address of Current Registered Agent
PAGE, GORDON
11104 REDBIRD DR
DADE CITY FL 33525

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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

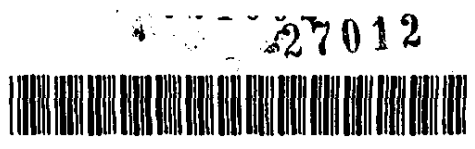
TITLE	D <input type="checkbox"/> Delete
NAME	RITTER, JAMES M.
STREET ADDRESS	RFD # 1 BOX 578
CITY-ST-ZIP	GREENCASTLE IN
TITLE	SD <input type="checkbox"/> Delete
NAME	DESILVA, JILL
STREET ADDRESS	37916 ASHBROOK RD
CITY-ST-ZIP	DADE CITY FL
TITLE	D <input type="checkbox"/> Delete
NAME	HARTMAN, CHARLES
STREET ADDRESS	6037 RYNN ROAD
CITY-ST-ZIP	CLYDE MI
TITLE	DV <input type="checkbox"/> Delete
NAME	WRIGHT, DONALD
STREET ADDRESS	29525 CITRUS TRACE WAY
CITY-ST-ZIP	WESLEY CHAPEL FL 33544
TITLE	DP <input type="checkbox"/> Delete
NAME	PAGE, GORDON
STREET ADDRESS	11104 REDBIRD DR
CITY-ST-ZIP	DADE CITY FL
TITLE	TD <input type="checkbox"/> Delete
NAME	CORE, BONNIE
STREET ADDRESS	9553 OLD LAKELAND HWY
CITY-ST-ZIP	DADE CITY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES, DICK
STREET ADDRESS	4718-221 ST. N.
CITY-ST-ZIP	PORT BYRON, IL 61275
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE SILVA, RON
STREET ADDRESS	37916 ASHBROOK RD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bonnie Core* **SIGNATURE REQUIRED** *BONNIE CORE* *Feb. 7/01* *352-567-7196*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)