

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90022 048 ****61.25

DOCUMENT # 704644

1. Entity Name

PASCO TROTting AND PACING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9553 OLD LAKELAND HWY
 DADE CITY FL 33525-1449
 US**

**11104 REDBIRD DR
 DADE CITY FL 33525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2349454

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAGE, GORDON
 11104 REDBIRD DR
 DADE CITY FL 33525**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bonnie Core **BONNIE CORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7 102 352-567-7196

Date

Daytime Phone #

CR2E037 (9/01)