

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90084 043 ****70.00

DOCUMENT # 707167

1. Entity Name

DAYTONA 200 MOTORCYCLE CLUB INC

Principal Place of Business

Mailing Address

**3602 INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH FL 32124**

**P.O. BOX 2502
 DAYTONA BEACH FL 32115-2502**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-7167740

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

**COMEAU, GEORGE D
 2901 BELKTON STREET
 DELTONA FL 32738**

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

T Delete
 NAME: **WOOLF, DANIEL D**
 STREET ADDRESS: **3586 OLD DELAND ROAD**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32124**

T Change Addition
 NAME: **Frank Petrock**
 STREET ADDRESS: **602 Westward Circle**
 CITY-ST-ZIP: **Holly Hill, FL. 32117**

P Delete
 NAME: **COMEAU, GEORGE D**
 STREET ADDRESS: **2901 BELKTON STREET**
 CITY-ST-ZIP: **DELTONA FL 32738**

T Change Addition
 NAME: **Herm Levine**
 STREET ADDRESS: **1405 Flomich Ave.**
 CITY-ST-ZIP: **Holly Hill, FL. 32117**

VP Delete
 NAME: **HOWELL, MARK**
 STREET ADDRESS: **1057 S. GREEN ACRES CIRCLE**
 CITY-ST-ZIP: **DAYTONA BEACH FL 32119**

Change Addition

T Delete
 NAME: **BOBETTE, WOOLF**
 STREET ADDRESS: **2188 8TH AVENUE**
 CITY-ST-ZIP: **DELTONA FL 32724**

Change Addition

VP Delete
 NAME: **DAMON, CHERYL A**
 STREET ADDRESS: **309 APACHE TRAIL**
 CITY-ST-ZIP: **ORMOND BEACH FL 32174**

Change Addition

T Delete
 NAME: **WHITAKER, FRANK**
 STREET ADDRESS: **251 NORTH TYMBER CREEK ROAD**
 CITY-ST-ZIP: **ORMOND BEACH FL 32174**

Change Addition

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 of George D. Comeau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)