

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90255 031 \*\*\*\*70.00

**DOCUMENT # 707167**  
 1. Entity Name  
**DAYTONA 200 MOTORCYCLE CLUB INC**

Principal Place of Business <b>3602 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32124</b>	Mailing Address <b>P.O. BOX 2502 DAYTONA BEACH FL 32124</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **70-7167740**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent  
**COMEAU, GEORGE D  
 2901 BELKTON STREET  
 DELTONA FL 32738**

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)

**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

TITILE NAME	<b>T</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>PETROCK, FRANK</b>	
CITY-ST-ZIP	<b>602 WEST WARD CIRCLE DAYTONA BEACH FL 32117</b>	
TITILE NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>COMEAU, GEORGE D</b>	
CITY-ST-ZIP	<b>2901 BELKTON STREET DELTONA FL 32738</b>	
TITILE NAME	<b>VP</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>HOWELL, MARK</b>	
CITY-ST-ZIP	<b>1057 S. GREEN ACRES CIRCLE DAYTONA BEACH FL 32119</b>	
TITILE NAME	<b>T</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>BOBETTE, WOOLF</b>	
CITY-ST-ZIP	<b>2188 8TH AVENUE DELTONA FL 32724</b>	
TITILE NAME	<b>T</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>LEVINE, HERM</b>	
CITY-ST-ZIP	<b>1405 FLUMICH AVE HOLLY HILL FL 32117</b>	
TITILE NAME	<b>T</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>WHITAKER, FRANK</b>	
CITY-ST-ZIP	<b>251 NORTH TYMBER CREEK ROAD ORMOND BEACH FL 32174</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE NAME	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Ben Densmore</b>	
CITY-ST-ZIP	<b>2300 E. Graves Ave #b Orange City, FL 32763</b>	
TITILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITILE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1405 FLUMICH AVE</b>	
CITY-ST-ZIP		
TITILE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *George D. Comeau* 1-30-01 904-789-6109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)