

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90353 023 ****61.25

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 32124**

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

70-7167740

Applied For

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

7. Name and Address of New Registered Agent

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

Name **JOAnn m Kreller**

Street Address (P.O. Box Number is Not Acceptable)
1046 June Terrace

City **Daytona Beach FL** Zip Code **32119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *JoAnn m Kreller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 NAME	T PETROCK, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	602 WEST WARD CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE NAME	TRUSTEE COMEAU, GEORGE D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2901 BELKTON STREET	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE NAME	VP DENSMORE, BEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2300 EAST GRAVES AVE # 6	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE NAME	T LEVINE, HERM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1405 FLOMICH AVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE NAME	T WHITAKER, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	251 NORTH TYMBER CREEK ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PRESIDENT Phil Sozio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1475 N Volusia Ave	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE NAME	VP John Rowley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1530 FIRST AVE	
CITY-ST-ZIP	Deland, FL 32724	
TITLE NAME	TREASURER JoAnn Kreller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1046 June Terrace	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE NAME	TRUSTEE Comeau, George D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2901 BELKTON ST	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE 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: *Signature of Officer/Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-02

CR2E037 (4/02)