
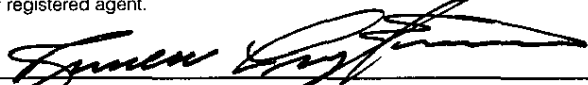


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90155 037 ****61.25

DOCUMENT # 707167			
1. Entity Name DAYTONA 200 MOTORCYCLE CLUB INC			
Principal Place of Business 3602 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32124		Mailing Address 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
6. Name and Address of Current Registered Agent KRELLER, JOANN M 1046 JUNE TERRACE DAYTONA BEACH FL 32119		7. Name and Address of New Registered Agent Name Russell Leighton Street Address (P.O. Box Number is Not Acceptable) 848 Navel Orange Dr City Orange City FL Zip Code 32763	
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:  DATE: 4-20-03			



CHECK HERE IF MAKING CHANGES

4. FEI Number 707167740 65-1166964	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: PETROCK, FRANK STREET ADDRESS: 602 WEST WARD CIRCLE CITY-ST-ZIP: DAYTONA BEACH FL 32117	<input type="checkbox"/> Delete	D NAME: P STREET ADDRESS: P CITY-ST-ZIP: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: COMEAU, GEORGE D STREET ADDRESS: 2901 BELKTON STREET CITY-ST-ZIP: DELTONA FL 32738	<input type="checkbox"/> Delete	D NAME: P STREET ADDRESS: P CITY-ST-ZIP: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: DENSMORE, BEN STREET ADDRESS: 2300 EAST GRAVES AVE # 6 CITY-ST-ZIP: ORANGE CITY FL 32763	<input type="checkbox"/> Delete	D NAME: P STREET ADDRESS: P CITY-ST-ZIP: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: LEVINE, HERM STREET ADDRESS: 1405 FLOMICH AVE CITY-ST-ZIP: HOLLY HILL FL 32117	<input checked="" type="checkbox"/> Delete	VP NAME: Joseph D. Tomarazzo STREET ADDRESS: 2073 E. Gloria Dr CITY-ST-ZIP: Deltona FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME: WHITAKER, FRANK STREET ADDRESS: 251 NORTH TYMBER CREEK ROAD CITY-ST-ZIP: ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete	P NAME: Phil Sozio STREET ADDRESS: 1475 N. Volusia Ave CITY-ST-ZIP: ORANGE CITY FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	S NAME: Andy Ray Campanaro STREET ADDRESS: 1690 Dublin Rd CITY-ST-ZIP: Deltona FL 32738	<input type="checkbox"/> Change <input checked="" 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)(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:  **Phil Sozio, President 4-21-03 386 747 1292**

CR2E037 (10/02)