2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90057 043 ****61.25

DOCUMENT # 734764

1. Entity Name

JACKSONVILLE TRACK CLUB, INC.

Principal Place of Business	Mailing Address
1511 S MCDUFF AVE JACKSONVILLE FL 32205 US	PO BOX 24667 JACKSONVILLE FL 32241 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2336 Urban Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32210 Country: US	Zip / Country

4. FEI Number: 59-1829543 ☐ Applied For ☐ Not Applicable

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
DUSS, JOHN S., IV 10110 SAN JOSE BLVD JACKSONVILLE FL 32202	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TILLET, DOUGLAS 2165 OAK STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEDMAN, GARY 8419 N LONGMEADOW CIRCLE JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEDMAN, GARY 8419 N LONGMEADOW CIRCLE JACKSONVILLE FL 32244 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLODGETT, DIONNE 3349 DIVIDING OAKS CT JACKSONVILLE FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HATTEN, DAVID 974 OWEN AVE JACKSONVILLE BEACH FL 32250 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMAR, STROTHER 1511 S MCDUFF AVE. JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CLARSON, COLLEEN 1215 SALT CREEK POINTE WAY PONTE VEDRA FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Clarson, Colleen 1215 Salt Creek Pointe Way Ponte Vedra FL 32082 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TENBROECK, JOHN 2336 URBAN ROAD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: John TenBroeck John TenBroeck 1/24/01 904.387.0528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #