

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-15-2002 90013 031 ****61.25

DOCUMENT # 734764

1. Entity Name

JACKSONVILLE TRACK CLUB, INC.

Principal Place of Business

Mailing Address

2336 URBAN ROAD
JACKSONVILLE FL 32210
US

PO BOX 24667
JACKSONVILLE FL 32241
US

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO BOX 24667
TILLET, DOUGLAS
2165 OAK STREET
JACKSONVILLE FL 32204

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOUGLAS TILLET

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LEDMAN, GARY
8419 N LONGMEADOW CIRCLE
JACKSONVILLE FL 32244

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HATTEN, DAVID
974 OWEN AVENUE
JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMAR, 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 BEACH FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD

☒ 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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02 904-96 3814

CR2007 (9/01)