

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 734764

FILED
Jan 21, 2003
Secretary of State

Entity Name: JACKSONVILLE TRACK CLUB, INC.

Current Principal Place of Business:

2336 URBAN ROAD
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 24667
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-1829543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSS, JOHN S., IV
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TILLET, DOUGLAS
Address: 2165 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD () Delete
Name: LEDMAN, GARY
Address: 8419 N LONGMEADOW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: HATTEN, DAVID
Address: 974 OWEN AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: LAMAR, STROTHER
Address: 1511 S MCDUFF AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: CLARSON, COLLEEN
Address: 1215 SALT CREEK POINTE WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: TENBROECK, JOHN
Address: 2336 URBAN ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: VAN CLEAVE, LAURA
Address: 116 CATTAIL CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ROBERTS, LARRY
Address: 2914 DUPONT AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: MD (X) Change () Addition
Name: TENBROECK, JOHN
Address: 2336 URBAN ROAD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TENBROECK

MD

01/21/2003

Electronic Signature of Signing Officer or Director

Date