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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

							
DOCUMENT # J31042 1. Corporation Name SEMINOLE RACING, INC.					_		
	-						
Principal Place	e of Business	Mailing Address		·			014 B1041 (881
438 MAIN ST. 438 MAIN ST.							
BUFFALO FL 14	1202	BUFFALO FL 14202			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed	IO OI AOL	
					08/29/1986		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			94-3023897		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	
22		City & State			St. V. O maior Sinancina		<u> </u>
City & State	e -	28		<u>ـــ</u> ـــــ بي	6. Election Campaign Financing Trust Fund Contribution	اء 5.00 \$ Added to	•
23 Zip	Country	Zip	Countr	y	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ad Agent	
OT C	CODDODATION SYSTEM		8	1 Name		•	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			•			
104	TATION I E GOOL		83	3			
			84	4 City	F	85 Zip C	ode
44 Duramant	to the provinces of Sections 607.050	2 and 607 1508 Florida Statute	s the aho	ve-named cor	poration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State (of Florida. Such change was at	itnorizea b	y tne corporat	tion's board of directors. I hereby accept the ap	pointment as reg	jistered
	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statute	·S.			+
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ag	ent signature requi	red when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BIDDIX, PATRICK						
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707-3799 VD			ST-ZIP		☐ Change	Addition
TITLE	Sultemeier, ronald a	Deterie	2.1 TITLE 2.2 NAME			دي د	
NAME STREET ADDRESS	438 MAIN ST.			ET ADDRESS			
CITY-ST-ZIP	BUFFALO FL 14202		2. 4 CiTY				
TITLE	TD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	FRANCATI, DANIEL G		3.2 NAME	:			
STREET ADDRESS	438 MAIN ST.		3 3 STRE	ET ADDRESS			
CITY-ST-ZIP	BUFFALO FL 14202		3.4 CITY	·ST-ZIP			
TITLE	S	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	SPEARS, DIANE C		4. 2 NAME	≣			
STREET ADDRESS	438 MAIN ST.			ET ADDRESS			
CITY-ST-ZIP	BUFFALO FL 14202		4.4 CITY-			☐ Change	Addition
TITLE	D BICCETT WILLIAM I	☐ DELETE	5.1 TITLE 5.2 NAME	I		Grange	
NAME	BISSETT, WILLIAM J 438 MAIN ST			ET ADDRESS			
STREET ADDRESS	BUFFALO NY 14202		5.4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Ronald A. (Sulatemeller SIGNATURE)

716 858 5000