FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90118 043 ***150.00

DOCUMENT # L83742

1. Entity Name
Sebring International Raceway, Inc.

DO NOT WRITE IN THIS SPACE

24072726

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2. Principal Place of Business	3. Mailing Address
113 Midway Dr	113 Midway Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State: Sebring, FL
Zip: 33870 Country: USA	Zip: 33870 Country: USA

4. FEI Number: 59-3023338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Stephenson, William H.
STREET ADDRESS	113 Midway Dr.
CITY-ST-ZIP	Sebring, FL 33870
TITLE	TS
NAME	Mastandrea, Tony
STREET ADDRESS	1394 Broadway Ave.
CITY-ST-ZIP	Braselton, GA 30517
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Stephenson (signature) 4/30/04 863-655-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #