


2002 **103** FOR PROFIT CORPORATION  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 27 AM 11:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT# N01000005331  
 1. Entity Name  
 BOBHAYESINVITATIONALTRACKMEET, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 50E.2ndStreet  
 Suite, Apt. #, etc.

3. Mailing Address  
 3128BeachBlvd.  
 Suite, Apt. #, etc.

City & State  
 Jacksonville, FL

City & State  
 Jacksonville, FL

Zip  
 32206

Country

Zip  
 32207

Country

000013281290  
 02/28/03--01078--017 \*\*122.50  
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3733842

Applied For  
 Not Applicable

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

8. The abovenamed 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 \_\_\_\_\_ (NOTE Registered Agent's signature required when re-instating) 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

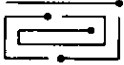
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Siplin, Lewis (President) (Director) 50E.2ndStreet Jacksonville, FL 32206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Day, James (Director) 50E.2ndStreet Jacksonville, FL 32206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hubbard, Kim (Secretary/Treasurer) (Director) 50E.2ndStreet Jacksonville, FL 32206	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kim Hubbard 2-20-03 904-398-1710  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

95 2/27



*Attachment*  
**CONNER, HUBBARD & COMPANY, P.A.**  
Certified Public Accountants

#1101000005331

Taxation, Accounting, Pension Planning, and Business Counseling

February 21, 2003

Florida Department of State  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Fl 32302-1500

Re: Bob Hayes Invitational Track Meet, Inc.  
Annual Uniform Business Reports; 2003 and 2002

Dear Sir or Madam:

I have enclosed a check in the amount of \$122.50 for the annual uniform business report for the Bob Hayes Invitational Track Meet, Inc., a 501c3 non-profit organization, for 2003 and 2002.

Please reinstate our organization and waive any restatement fees based on the following facts and circumstances:

1. We have no record of receiving the annual report for 2002.
2. We are a non-profit organization staffed entirely by volunteers.
3. We have made a good faith effort to comply with all requirements.

Thank you for your assistance in resolving this matter.

Sincerely,  
CONNER, HUBBARD & COMPANY, P.A.

Kim K. Hubbard,  
As Treasurer of the Bob Hayes Invitational Track Meet, Inc.