

05-07-2003 90177 046 ****61.25

FILE NO1000005331
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 29 AM 9:38

Amended

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000005331

1. Entity Name
BOB HAYES INVITATIONAL TRACK MEET, INC.

Principal Place of Business: 50 E. 2ND STREET JACKSONVILLE, FL 32206
Mailing Address: 3128 REACH BLVD JACKSONVILLE, FL 32207

2. Principal Place of Business / 3. Mailing Address
State, Apt. #, etc. / State, Apt. #, etc.
City & State / City & State

4. FEI Number: **58-3733842** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
WILLIAMS, TERESA ELAM
~~50 E. 2ND STREET~~ **1617 ROUVE AVE**
JACKSONVILLE, FL ~~32206~~ **32208**

7. Name and Address of New 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: _____ DATE: _____
Signature, typed or printed name of registered agent and use if applicable. NOTE: Registered Agent signature required when re-registering.

FILE NOW! FEES! \$81.25 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees. Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: SEMPLIN, LEWIS STREET ADDRESS: 50 E. 2ND STREET CITY-STATE-ZIP: JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DAY, JAMES STREET ADDRESS: 50 E. 2ND STREET CITY-STATE-ZIP: JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: HUBBARD, KIM STREET ADDRESS: 50 E. 2ND STREET CITY-STATE-ZIP: JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 agency, when a case is empowered.

SIGNATURE: *Kim Williams* **5-1-03 904 398-1710**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR EXECUTOR Date Printing Name #

*S/29
ad*