

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


FILED

04 JUN -7 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000008724

1. Entity Name  
Sebring Race Museum, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
113 Midway Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
113 Midway Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Sebring, FL

City & State  
Sebring, FL

4. FEI Number  
02-0604147

Applied For  
 Not Applicable

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

Zip  
33870 Country  
USA

Zip  
33870 Country  
USA

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
J. Michael Swain

Street Address (P.O. Box Number is Not Acceptable)  
425 S Commerce Ave

City  
Sebring FL Zip Code  
33870

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 J. Michael Swain DATE 6/2/04

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

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	<u>D</u> <u>Stephenson, William H III</u> <u>113 Midway Dr</u> <u>Sebring, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500037870385</u> <u>06/11/04--01033--001 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Brooker, L.E. "Luke"</u> <u>590 S. Commerce Ave.</u> <u>Sebring, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.</u> <u>Swaine, J. Michael</u> <u>425 S. Commerce Ave.</u> <u>Sebring, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.</u> <u>Andrews, Mark</u> <u>2027 US 27 N.</u> <u>Sebring, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>Tondee, Gwen</u> <u>113 Midway Dr.</u> <u>Sebring, FL 33870</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>6/9</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Gwen E. Tondee DATE: 4/30/04 DAYTIME PHONE: 863-655-1442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)