

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007288

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** FLORIDA HISTORICAL PERFORMANCE COMPANY, INC.

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD #309  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1825 PONCE DE LEON BLVD #309  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 47-0941543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIEBRECHT, KYLE  
4290 SW 14TH ST  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: SIEBRECHT, KYLE  
Address: 4290 SW 14TH ST  
City-St-Zip: MIAMI, FL 33134

Title: DT ( ) Delete  
Name: MOYE, PAULA  
Address: 800 W AVE APT 841  
City-St-Zip: MIAMI BCH, FL 33139

Title: DS ( ) Delete  
Name: SMITH, LYNN  
Address: P.O.BOX 490  
City-St-Zip: KEY WEST, FL 33041

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KYLE SIEBRECHT

DCP

04/25/2009

Electronic Signature of Signing Officer or Director

Date