

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90139 013 ****61.25

DOCUMENT # N49948

1. Entity Name

NORTHWEST FLORIDA TRACK CLUB, INC.

Principal Place of Business

POST OFFICE BOX 911
 SHALIMAR FL 32579

Mailing Address

POST OFFICE BOX 911
 SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3123885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORTON, PATTI
207 BAKER AVE.
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name ~~Edith Levin~~ **Levin, Edith**
 Street Address (P.O. Box Number is Not Acceptable)
7 Poplar Ave
 City **Shalimar FL** Zip Code **FL 32579**

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.

SIGNATURE Edith W Levin **Edith Levin President** **9 JAN 02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HORTON, PATTI	
STREET ADDRESS	207 BAKER AVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWNFIELD, ROBERT	
STREET ADDRESS	17 WINFIELD WAY	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARDOW, BONNIE	
STREET ADDRESS	46 LONGWOOD DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIMMERS, JOHN <i>Director</i>	
STREET ADDRESS	1004 CORAL DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levin, Edith		
STREET ADDRESS	7 Poplar Ave		
CITY-ST-ZIP	Shalimar, FL 32579		
TITLE	Vice President	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Eriksson, Sandra		
STREET ADDRESS	1 Hidden Cove		
CITY-ST-ZIP	Valparaiso, FL 32580		
TITLE	Treasurer	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Memmahon, Brian		
STREET ADDRESS	12 Mayo Street		
CITY-ST-ZIP	Hurlburt AFB, FL 32544		
TITLE	Sandra	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edith W Levin **Edith Levin, President** **850-657-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)