

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001241

1. Entity Name

LIVING LEGENDS OF AUTO RACING, INC.

Principal Place of Business

P.O. BOX 290854
PORT ORANGE FL 32129

Mailing Address

P.O. BOX 290854
PORT ORANGE FL 32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3178027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, RAYMOND
1432 GOLFVIEW DR.
DAYTONA BEACH FL 32114

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME MAXWELL, JOAN E
STREET ADDRESS 373 WOODLAND AVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☐ Change ☒ Addition
NAME Deborah Young
STREET ADDRESS 751 S. Glynne Morris Blvd #401
CITY-ST-ZIP Daytona Bch, FL 32119

TITLE ☐ Delete
NAME PEOPLES, JOHN
STREET ADDRESS 19 SAN JOSE CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32170

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MANDALA, PAULETTE
STREET ADDRESS 14 VENETIAN WAY N
CITY-ST-ZIP DAYTONA BEACH FL 32127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME KELLER, WALTER
STREET ADDRESS 119 LOCKHART ST.
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME RAYMOND FOX
STREET ADDRESS 1432 GOLF VIEW DR.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME EPTON, JOE
STREET ADDRESS 32 NIAGRA FALLS CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90004 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4/2/01 386/253-7882