

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005317

1. Entity Name

TAMPA BAY AREA RACING ASSOC., INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90010 025 ****61.25

Principal Place of Business 7815 COMMERCE ST RIVERVIEW FL 33569	Mailing Address 7815 COMMERCE ST RIVERVIEW FL 33569-4391
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3408061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REHM, DONALD C
7815 COMMERCE ST.
RIVERVIEW FL 33569

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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD REHM, DON 7815 COMMERCE ST. RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HECKMAN, DON 10260 BAHAMA DR CORTLEA RIDGE FL 33189 <input type="checkbox"/> Delete <i>Cutler Ridge</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADY, DORIS P.O. BOX 56 WIMAMUMA FL 33598 <input type="checkbox"/> Delete <i>Wimauma</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REHM, ANN 7815 COMMERCE ST. RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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 address, with all other like empowered.

SIGNATURE: *ANN REHM* **SIGNATURE REQUIRED** *ANN REHM* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2/23/00** **(813)677-7326** **Date** **Daytime Phone #**

CR2E037 (9/99)