

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90207 019 ****61.25

DOCUMENT # N96000005317

1. Entity Name

TAMPA BAY AREA RACING ASSOC., INC.

Principal Place of Business

Mailing Address

**7815 COMMERCE ST
 RIVERVIEW FL 33569**

**7815 COMMERCE ST
 RIVERVIEW FL 33569**

A001538Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408061

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

7. Name and Address of New Registered Agent

**REHM, DONALD C
 7815 COMMERCE ST.
 RIVERVIEW FL 33569**

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: PD
 NAME: REHM, DON
 STREET ADDRESS: 7815 COMMERCE ST.
 CITY-ST-ZIP: RIVERVIEW FL 33569
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: VPD
 NAME: HECKMAN, DON
 STREET ADDRESS: 10260 BAHAMA DR
 CITY-ST-ZIP: CUTLER RIDGE FL 33189
 Delete

TITLE: VPD
 NAME: NORMAN HUNTLEY
 STREET ADDRESS: 6608 PLOVER CT.
 CITY-ST-ZIP: SEFFNER, FL 33584
 Change Addition

TITLE: SD
 NAME: BRADY, DORIS
 STREET ADDRESS: P.O. BOX 56
 CITY-ST-ZIP: WIMAMUMA FL 33598
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: TD
 NAME: REHM, ANN
 STREET ADDRESS: 7815 COMMERCE ST.
 CITY-ST-ZIP: RIVERVIEW FL 33569
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change 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* TREASURER 1/28/01 (813) 677-7326
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)