

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0028708 AV

DOCUMENT # **P99000021212**



1. Entity Name
JACKSONVILLE GREYHOUND RACING, INC.

05-02-2003 90352 001 ***900.00

Principal Place of Business
**4490 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216**

Mailing Address
**4490 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3563220**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KORMAN, HOWARD I
4490 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCH PITOCHELLI, MARY PATTON 2827 FOREST MILL LN. JACKSONVILLE FL 32257 <input checked="" type="checkbox"/> Delete <i>MARY CARL PATTON</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATTON, MARY M 4224 MORENA LANE JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BIDWILL, CHARLES W JR 22 REGENT WOOD NORTHFIELD IL 60093 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIDWILL, CHARLES W III 800 HAPP NORTHFIELD IL 60093 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSTON, WILLIAM H JR 8901 COUNTY LINE RD. HINSDALE IL 60521 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, JOHN A 915 ELM ST. HINSDALE IL 60521 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR HOWARD F. KORMAN 4490 SOUTHSIDE BLVD JACKSONVILLE, FLORIDA 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SECRETARY WILLIAM R. KUHN, JR. 13210 PECKY CYPRESS DRIVE JACKSONVILLE, FLORIDA 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST TREAS / DIRECTOR JOHN C. HOWELL 351 112 STREET ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCH MARY CARL PATTON 4490 Southside Blvd JACKSONVILLE, FL 32216 <input checked="" 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 607, 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 HOWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (10/02)