

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001557

1. Entity Name

MUSTANG & FORD MOTORSPORTS CLUB, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90064 046 ****61.25

Principal Place of Business
18618 WALKER RD.
LUTZ FL 33549
US

Mailing Address
P O BOX 274062
TAMPA FL 33688-4062
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3178684		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DIERKING, ROSE M 18618 WALKER RD. LUTZ FL 33549				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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	P	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JOEL			NAME	Stephen G. Dierking		
STREET ADDRESS	26360 ROSECRANS ST			STREET ADDRESS	18618 Walker Rd		
CITY-ST-ZIP	BROOKSVILLE FL 34602			CITY-ST-ZIP	Lutz, FL 33549		
TITLE	SV	<input type="checkbox"/> Delete		TITLE	V. President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERDUE, KIM			NAME	Kim Purdue		
STREET ADDRESS	6030 DELANO AVE.			STREET ADDRESS	6030 Delano Ave		
CITY-ST-ZIP	TAMPA FL 33619			CITY-ST-ZIP	TAMPA, FL 33619		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIERKINS, ROSE M			NAME	Rose M. Dierking		
STREET ADDRESS	18618 WALKER RD.			STREET ADDRESS	18618 WALKER RD.		
CITY-ST-ZIP	LUTZ FL 33549			CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSENKRDNZ, ALICE			NAME	Brady Placsek		
STREET ADDRESS	2702 MOTORSPORTS DR.			STREET ADDRESS	1826 Laurel Oak Dr.		
CITY-ST-ZIP	TAMPA FL 33619			CITY-ST-ZIP	Valrico, FL 33594		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUSSANO, AL			NAME	AL MUSSANO		
STREET ADDRESS	3529 AUTUMN GLEN DR.			STREET ADDRESS	3529 AUTUMN DR		
CITY-ST-ZIP	VALRICO FL 33594			CITY-ST-ZIP	VALRICO, FL 33594		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: ROSE M. DIERKING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000 (613) 949-4472
Date Daytime Phone #

CR2E037 (9/99)