

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001292

1. Entity Name

SPEEDWAY CHILDREN'S CHARITIES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90033 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5401 E. INDEPENDENCE BLVD  
CHARLOTTE NC 28212

5401 E. INDEPENDENCE BLVD  
CHARLOTTE NC 28212-0503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1331429

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

KAVANAGH, JOANNE  
1560 GULF BLVD, UNIT 1705  
CLEARWATER FL 33767

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 CT ☐ Delete  
NAME SMITH, O. BRUTON  
STREET ADDRESS 5401 E. INDEPENDENCE BLVD  
CITY-ST-ZIP CHARLOTTE NC 28212

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

TITLE DT ☐ Delete  
NAME SADLER, THOMAS M  
STREET ADDRESS 5401 E. INDEPENDENCE BLVD  
CITY-ST-ZIP CHARLOTTE NC 28212

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

TITLE ST ☒ Delete  
NAME POE, WILLIAM E  
STREET ADDRESS 2600 CHARLOTTE PLAZA  
CITY-ST-ZIP CHARLOTTE NC 28244

TITLE S ☐ Change ☒ Addition  
NAME Fred T. Lowrance  
STREET ADDRESS 2500 Charlotte Plaza  
CITY-ST-ZIP Charlotte, NC 28244

TITLE T ☒ Delete  
NAME HICKS, MANUEL J  
STREET ADDRESS 5401 E. INDEPENDENCE BLVD  
CITY-ST-ZIP CHARLOTTE NC 28212

TITLE T ☐ Change ☒ Addition  
NAME William F. Raines  
STREET ADDRESS 5401 E. Independence Blvd  
CITY-ST-ZIP Charlotte, NC 28212

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/10/00

Date

704-532-3306

Daytime Phone #

CR2E037 (9/99)