

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000177

1. Entity Name

TRACK SHACK FOUNDATION, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90034 027 *****61.25

Principal Place of Business

1104 N. MILLS AVE.
ORLANDO FL 32803
US

Mailing Address

1104 N MILLS AVE.
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3306035

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

CLARK, JEFF B
1104 N MILLS AVE.
ORLANDO FL 32803

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	WARD, TOM	144 SANDLEWOOD	WINTER PARK FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HUGHES, JON	1623 WYCLIFF DR.	ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	CASEY, NATALIE	1216 GOLFSIDE DRIVE	WINTER PARK FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	GILMORE, MARTY	1108 PARKER CANAL CT.	OVIEDO FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HUGHES, BETSY	1623 WYCLIFF DR.	ORLANDO FL 32803	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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:

Betsy Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)