

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003681

1. Entity Name

MOTOR RACING HERITAGE ASSOCIATION, INC.

Principal Place of Business

237 GREENWOOD
ORMOND BEACH FL 32174
US

Mailing Address

P.O. BOX 10953
DAYTONA BEACH FL 32120-0953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3368970

Applied For

Not Applicable

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

RIFE, HILLEN
237 GREENWOOD
ORMOND BEACH FL 32174

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 VPD
NAME MCKIM, BUZ
STREET ADDRESS 2589 W LAKE DR.
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

TITLE VD
NAME RIFE, HILLEN
STREET ADDRESS 237 GREENWOOD AVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE DT
NAME DRIES, ROSEANN
STREET ADDRESS 9 STUART DR.
CITY-ST-ZIP HOLLY HILLS FL 32117 ☐ Delete

TITLE JAVIEREK, ROSEANN
NAME
STREET ADDRESS 549 Ballough Rd
CITY-ST-ZIP Daytona Beach, FL 32117 ☒ Change ☐ Addition

TITLE D
NAME WANSER, AL
STREET ADDRESS 8 COMET CT.
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

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

TITLE D
NAME FIZSECKI, RON
STREET ADDRESS 21 HUNT MASTER CT.
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE P
NAME SULLIVAN, TIMOTHY
STREET ADDRESS 902 VILLAGE DR
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-252-0141

CR2E037 (9/01)