| 200 | 2 UNIFO | ORM BUSIN | ESS REP | ORT | IIRR | <u> </u> | | | : I T' | · ms | |
|---|------------------|--------------------------|--|-------------------------|----------------------|---------------|---|---|--------------------------|-------------|-----|
| 2002 UNIFORM BUSINESS REPODICUMENT # A96000002370 | | | | | ii (ODA) | | | • | APPRUVEC AND FILED | | |
| 1030 INTERNATIONAL SPEEDWAY BOULEVARD, LTD. | | | | | | , | 02 APR 30 PM 6: 19 | | | | |
| Principal Place of Business C/O DETLEF G. LEHNARDT 20 WESTWOODS DRIVE LIBERTY MO 64068 | | | Mailing Address C/O DETLEF G. LEHNA 20 WESTWOODS DRIVE LIBERTY MO 64068 | _ | | | SECRETARY OF STATE TAULAHASSEE, FLORIC | | | ORIDA | |
| Principal Place of Business Address Mailing Address | | | | | | | | - | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | DUE BY MAY 1, 2002 | | | | |
| City & State | | | City & State | | | 4 | 4. FEI Number 43-1765093 Applied For Not Applicable | | | | |
| Zip | · . · . | | Zip | Country | untry 5. | | Certificate o | sificate of Status Desired See Required | | | |
| | 6. Name and | Address of Current Regis | tered Agent | | | 7. | Name and A | ddress of Nev | w Registered | | |
| DEBORAH D. SKIPPER 1201 HAYES STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$411.500.00 10. Amount of Capital | | | | | City office or re | | DATE | | | | |
| as Shown on record. A GENERAL PARTNER THAT IS A BUSIN | | | in FLORIDA to d | A to date. \$411,500.00 | | | TEDED AND ACTIVE WITH THE OFFICE | | | | |
| | itota. dell | CIAI FAILIEIS MAT NO | i be changed on t | the form; | an amend | ment m | ust be filed | to change a | general par | =. tner. | |
| 12. GENERAL PARTNER INFORMATION DOCUMENT # M9600000510 | | | | 13. | | | _ | | HANGES ONL | | , |
| NAME 1030 INTERNATIONAL SPEEDWAY BLVD., L.L.C. STREET ADDRESS 20 WESTWOODS DRIVE | | | | STREET A | ADDRESS | | r . | | | | |
| CITY-ST-ZIP DOCUMENT # | LIBERTY MO 64068 | | | City-St- | -ZIP | •. <u> </u> | 3000055021536 -05/10/0201030021 | | | | |
| NAME STREET ADDRESS | | | | STREET A | DDRESS | | | **** | 07020 526.25 | ****526. | .25 |
| CITY-ST-ZIP | | <u> </u> | - | CITY-ST- | ZIP | . <u></u> | | 4 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | STREET A | <u> </u> | | | . | | | -1 |
| DOCUMENT # | | | | STREET A | DDRESS | _ | <u>_</u> | | ., <u>.</u> | <u> </u> | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST- | ZIP | . | | | * | | |
| DOCUMENT # NAME | | | | STREET AL | DORESS | | | <u> </u> | | <u>.</u> . | |
| STREET ADDRESS | | | | CITY-ST- | ZIP | | - | | | | |

14. Thereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

DOCUMENT #

NAME 💃 STREET ADDRESS

CITY-ST-ZIP