

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0182761 AV

04-25-2003 90252 020 ***150.00

DOCUMENT # 318665



1. Entity Name
CALDER RACE COURSE, INC.

Principal Place of Business
**21001 N.W. 27TH AVENUE
MIAMI FL 33056-1461**

Mailing Address
**21001 N.W. 27TH AVENUE
MIAMI FL 33056-1461**

44017001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1267680**

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

**ISICOFF & RAGATZ, PA
1101 BRICKELL AVENUE
SUITE 800 SOUTH TOWER
MIAMI FL 33131**

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **DUNN, C. KENNETH**
STREET ADDRESS **P.O. BOX 1808/NA**
CITY-ST-ZIP **OPA LOCKA FL**

TITLE **V** Change Addition
NAME **Cronin, Michael P.**
STREET ADDRESS **21001 N.W. 27th Avenue**
CITY-ST-ZIP **Miami, FL 33056**

TITLE **CD** Delete
NAME **MEEKER, THOMAS**
STREET ADDRESS **21001 N.W. 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056-1461**

TITLE **VD** Change Addition
NAME **Long, John R.**
STREET ADDRESS **700 Central Avenue**
CITY-ST-ZIP **Louisville, KY 40208**

TITLE **V** Delete
NAME **SOTH, RANDELL E**
STREET ADDRESS **21001 N.W. 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056-1461**

TITLE **AS** Change Addition
NAME **Guenther, MaryAnn**
STREET ADDRESS **700 Central Avenue**
CITY-ST-ZIP **Louisville, KY 40208**

TITLE **D** Delete
NAME **DECKER, ROBERT**
STREET ADDRESS **21001 N.W. 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056-1461**

TITLE **AT** Change Addition
NAME **Baumgardner, Vicki L.**
STREET ADDRESS **700 Central Avenue**
CITY-ST-ZIP **Louisville, KY 40208**

TITLE **VPT** Delete
NAME **ABES, MICHAEL D**
STREET ADDRESS **21001 N.W. 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056-1461**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **REED, REBECCA**
STREET ADDRESS **21001 N.W. 27TH AVE.**
CITY-ST-ZIP **MIAMI FL 33056-1461**

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 607, 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: *Rebecca C. Reed* **Rebecca C. Reed** 04/24/03 502/636-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)