

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003398

Entity Name: GULFSTREAM PARK THOROUGHBRED AFTER RACING PROGRAM, INC.

FILED
Feb 05, 2015
Secretary of State
CC8495617210

Current Principal Place of Business:

3051 NE 213TH STREET
AVENTURA, FL 33180

Current Mailing Address:

3051 NE 213TH STREET
AVENTURA, FL 33180

FEI Number: 45-2466591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNBAR, MARC W
215 W MONROE ST 2ND FLOOR
TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CLARK, STACIE
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP, SECRETARY
Name ROGERS, MICHAEL
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name OSSIP, ALON
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT
Name RITVO, TIM
Address 901 S FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title D
Name MATTHEWS, PHILIP
Address 9430 S. MAGNOLIA AVE
City-State-Zip: Ocala FL 34476

Title D
Name BREI, FRED
Address 7600 NW 120TH ST
City-State-Zip: REDDICK FL 32686

Title TREASURER
Name COLEMAN, ANGIE
Address 901 S. FEDERAL HIGHWAY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name FERNUNG, BRENT
Address 901 S. FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY RITVO

PRESIDENT

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'FARRELL, MICHAEL
Address 901 S. FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name COLUMBUS, PHIL
Address 901 S. FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR
Name WALKER, FRANK JR.
Address 901 S. FEDERAL HWY
City-State-Zip: HALLANDALE BEACH FL 33009