

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021212

**Entity Name:** JACKSONVILLE GREYHOUND RACING, INC.

**Current Principal Place of Business:**

201 MONUMENT ROAD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 351509  
JACKSONVILLE, FL 32235-1509 US

**FEI Number: 59-3563220**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHELTON, JAMIE C  
201 MONUMENT ROAD  
JACKSONVILLE, FL 32225 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: JAMIE C. SHELTON**

**04/19/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, SECRETARY, DIRECTOR  
Name PATTON, MARY CARR  
Address 201 MONUMENT ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title CEO, DIRECTOR  
Name KORMAN, HOWARD I  
Address 201 MONUMENT ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title EVP, DIRECTOR  
Name BIDWILL, PATRICIA  
Address 730 GLENVIEW ROAD  
City-State-Zip: GLENVIEW IL 60025

Title AVP, DIRECTOR  
Name BIDWILL, BRIAN  
Address 270 VISTA GRANDE  
City-State-Zip: GREENBRAE CA 94904

Title ASST. SECRETARY  
Name SMITH, MELISSA M  
Address 625 LADY LAKE ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32218

Title PRESIDENT, DIRECTOR  
Name SHELTON, JAMIE C  
Address 201 MONUMENT ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title TREASURER, DIRECTOR  
Name ESPENKOTTER, MARY CLAIRE  
Address 140 JEFFERSON AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title ASST. TREASURER, DIRECTOR  
Name HOWELL, JOHN C  
Address 351 11TH STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

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*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MELISSA SMITH**

**AS**

**04/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title EVP, DIRECTOR  
Name JOHNSTON, JOHN A.  
Address 60 FOREST GATE CIRCLE  
City-State-Zip: OAKBROOK IL 60523

Title AVP, DIRECTOR  
Name BURNETT, WILLIAM R.  
Address 15 LAKE POINT DRIVE  
City-State-Zip: PINEHURST NC 28374

Title ASST. SECRETARY, DIRECTOR  
Name SCHUBERT, ANNE  
Address 4040 TAYLORSVILLE RD.  
City-State-Zip: TAYLORSVILLE KY 40071

Title DIRECTOR  
Name JOHNSTON, WILLIAM H. III  
Address 7565 WOODLAND LANE  
City-State-Zip: BURR RIDGE IL 60527