## 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021212

Entity Name: JACKSONVILLE GREYHOUND RACING, INC.

**Current Principal Place of Business:** 

455 PARK AVENUE

ORANGE PARK, FL 32073

**Current Mailing Address:** 

P.O. BOX 959

ORANGE PARK. FL 32067-0959

FEI Number: 59-3563220 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHELTON, JAMIE C 455 PARK AVENUE ORANGE PARK, FL 32073 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 04/14/2021

Electronic Signature of Registered Agent

Date

**FILED** Apr 14, 2021

Secretary of State

4006948256CC

Officer/Director Detail:

Title CHAIRMAN, SECRETARY, DIRECTOR Title CEO, DIRECTOR PATTON, MARY CARR Name Name KORMAN, HOWARD I 455 PARK AVENUE Address **455 PARK AVENUE** Address

ORANGE PARK FL 32073 ORANGE PARK FL 32073 City-State-Zip: City-State-Zip:

Title AVP. DIRECTOR Title VP, DIRECTOR

Name BIDWILL, CHARLES W III BIDWILL, PATRICIA Name Address 1921 SCHILLER AVENUE Address 730 GLEN VIEW ROAD WILMETTE IL 60091 City-State-Zip: City-State-Zip: GLEN VIEW IL 60029

Title PRESIDENT, DIRECTOR Title ASST. SECRETARY Name SHELTON, JAMIE C Name SMITH. MELISSA M Address 455 PARK AVENUE Address 625 LADY LAKE ROAD WEST

City-State-Zip: ORANGE PARK FL 32073 JACKSONVILLE FL 32218 City-State-Zip:

Title ASST. TREASURER, DIRECTOR Title TREASURER, DIRECTOR

Name HOWELL, JOHN C ESPENKOTTER, MARY CLAIRE Name 351 11TH STREET Address 140 JEFFERSON AVE Address

City-State-Zip: ATLANTIC BEACH FL 32233 MIAMI BEACH FL 33139 City-State-Zip:

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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.

04/14/2021 SIGNATURE: MELISSA SMITH ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASST. VICE PRESIDENT, DIRECTOR Title ASST. SECRETARY, DIRECTOR

Name JOHNSTON, JOHN A. Name SCHUBERT, ANNE

Address 915 S. ELM AVENUE Address 4040 TAYLORSVILLE RD.

City-State-Zip: HINSDALE IL 60521 City-State-Zip: TAYLORSVILLE KY 40071