

**2015 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:**

KORMAN, HOWARD I  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CHAIRMAN, SECRETARY, DIRECTOR  
Name PATTON, MARY CARR  
Address 455 PARK AVENUE  
City-State-Zip: ORANGE PARK FL 32073

Title CEO, DIRECTOR  
Name KORMAN, HOWARD I  
Address 455 PARK AVENUE  
City-State-Zip: ORANGE PARK FL 32073

Title VP, DIRECTOR  
Name BIDWILL, PATRICIA  
Address 730 GLEN VIEW ROAD  
City-State-Zip: GLEN VIEW IL 60029

Title AVP, DIRECTOR  
Name BIDWILL, CHARLES WIII  
Address 1921 SCHILLER AVENUE  
City-State-Zip: WILMETTE IL 60091

Title VP, DIRECTOR  
Name JOHNSTON, WILLIAM HJR  
Address 65 TARPON LANE  
City-State-Zip: KEY LARGO FL 33037

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

Title PRESIDENT  
Name SHELTON, JAMIE C  
Address 833 WATERMAN RD N  
City-State-Zip: JACKSONVILLE FL 32207

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

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

**SIGNATURE: MELISSA M. SMITH**

**ASST. SECRETARY**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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