

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90303 015 \*\*\*150.00

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**DOCUMENT # 318665**  
**1. Entity Name**  
**CALDER RACE COURSE, INC.**

<b>Principal Place of Business</b> 21001 N.W. 27TH AVENUE MIAMI FL 33056-1461	<b>Mailing Address</b> 21001 N.W. 27TH AVENUE MIAMI FL 33056-1461
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-1267680	<b>Applied For</b>
	<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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.**

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, C. KENNETH P.O. BOX 1808/NA OPA LOCKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEEKER, THOMAS 21001 N.W. 27TH AVE. MIAMI FL 33056-1461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOTH, RANDELL E 21001 N.W. 27TH AVE. MIAMI FL 33056-1461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECKER, ROBERT 21001 N.W. 27TH AVE. MIAMI FL 33056-1461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABES, MICHAEL D 21001 N.W. 27TH AVE. MIAMI FL 33056-1461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, REBECCA 21001 N.W. 27TH AVE. MIAMI FL 33056-1461 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRONIN, MICHAEL P. 21001 NW 27th Ave. MIAMI, FL 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JOHN R 700 Central Ave. Louisville, KY 40208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Guenther, MARY ANN 700 Central Ave. Louisville, KY 40208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BAUMGARDNER, VICKI L. 700 Central Avenue Louisville, KY 40208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Rebecca C. Reed* **REQUIRE** *Rebecca C. Reed* **4-18-02** **502-636-4400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)