

# 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.**

**Principal Place of Business**      **Mailing Address**  
**21001 N.W. 27TH AVENUE**      **21001 N.W. 27TH AVENUE**  
**MIAMI FL 33056-1461**      **MIAMI FL 33056-1461**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**ISICOFF & RAGATZ, PA**  
**1101 BRICKELL AVENUE**  
**SUITE 800 SOUTH TOWER**  
**MIAMI FL 33131**

**4. FEI Number** **59-1267680**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**  
**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	<b>PD</b> <b>DUNN, C. KENNETH</b> <input type="checkbox"/> Delete <b>P.O. BOX 1808/NA</b> <b>OPA LOCKA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MEEKER, THOMAS</b> <input type="checkbox"/> Delete <b>21001 N.W. 27TH AVE.</b> <b>MIAMI FL 33056-1461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SOTH, RANDELL E</b> <input type="checkbox"/> Delete <b>21001 N.W. 27TH AVE.</b> <b>MIAMI FL 33056-1461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DECKER, ROBERT</b> <input type="checkbox"/> Delete <b>21001 N.W. 27TH AVE.</b> <b>MIAMI FL 33056-1461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ABES, MICHAEL D</b> <input type="checkbox"/> Delete <b>21001 N.W. 27TH AVE.</b> <b>MIAMI FL 33056-1461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>REED, REBECCA</b> <input type="checkbox"/> Delete <b>21001 N.W. 27TH AVE.</b> <b>MIAMI FL 33056-1461</b>

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

**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)