

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **397583**

1. Corporation Name

RO - BART II, INC.

Principal Place of Business

Mailing Address

~~NEW SMYRNA BEACH FL 32168~~

~~133 SOUTH STATE ROAD 415~~
~~NEW SMYRNA BEACH FL 32168~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

252 S Hwy 415
Suite, Apt. #, etc.
New Smyrna Beach FL
City & State

Zip
32168

Country
USA

3. New Mailing Office Address, If Applicable

P.O. Box 1500
Suite, Apt. #, etc.
New Smyrna Beach
City & State

Zip
32170

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1972

5. FEI Number

59-1114802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------|--------------------------------------|---|--|
| PDC | HART, ROBERT L | 462 BOUCHELLE DRIVE 252 S. Hwy 415 | NEW SMYRNA BEACH FL 32168 32168 |
| STD | HART, VICTORIA A | 133 SOUTH STATE ROAD 415 | NEW SMYRNA BEACH FL 32168 |
| | | | 500004745535--2 |
| | | | -12/31/01--01083--008 |
| | | | ***150.00 ***150.00 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HART, ROBERT L

~~462 BOUCHELLE DRIVE~~ **252 S. Hwy 415**
~~NEW SMYRNA BEACH FL 32168~~ **32168**

Name

Street Address (P.Q. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)



ORLANDO SPEEDWORLD & NEW SMYRNA SPEEDWAY
P.O. Box 1500 • New Smyrna Beach, FL 32170
386-427-4129 • FAX 386-426-1611
www.newsmyrnaspeedway.com email: fascar@usa2net.net

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October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

After speaking with Steve on the telephone this A.M. we are forwarding these reports along with a check for \$150.00 on each. The originals of these were never received in this office.

I have put our Post Office Box number in for future mailings. We have always made sure these were filed properly.

Sincerely,

Sandy Nerone
Sandy Nerone
Office Manager