

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565284

1. Entity Name

DIVERSIFIED RACING & BREEDING CORPORATION

Principal Place of Business

Mailing Address

16128 SAND HILL ROAD
WINTER GARDEN FL 34787
US

16128 SAND HILL ROAD
WINTER GARDEN FL 34787-9765
US

2. Principal Place of Business

3. Mailing Address

1554 BOREN DRIVE

1554 BOREN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

OCFEE, FL

OCFEE, FL

Zip

Country

Zip

Country

34761

USA

34761

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTER, JOSEPH

16128 SAND HILL ROAD

WINTER GARDEN FL 34787

1554 BOREN DRIVE,
SUITE 100
OCFEE, FL 34761

Name

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

Address

Change

only

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ALTER, JOSEPH	
STREET ADDRESS	16128 SAND HILL ROAD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, JOSEPH	
STREET ADDRESS	1554 BOREN DRIVE, SUITE 100	
CITY-ST-ZIP	OCFEE, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Alter

4/28/00

Date

407-654-8600

Daytime Phone #

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90156 018 ***158.75



DO NOT WRITE IN THIS SPACE