

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708768

1. Entity Name

SOUTHERN OCEAN RACING CONFERENCE, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90136 039 \*\*\*\*61.25

Principal Place of Business

1374 SOUTHEAST 14 STREET  
FORT LAUDERDALE FL 33316  
US

Mailing Address

757 SE 17 ST  
BOX 232  
FT LAUDERDALE FL 33316-2960  
US

601562



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7027909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILLETTE, DENNIS C  
757 SE 17 ST BOX 232  
FT LAUDERDALE FL 33316

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	GILLETTE, DENNIS C	
STREET ADDRESS	757 SE 17 ST BOX 232	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	BATZER, KEN	
STREET ADDRESS	2410 NORTHEAST 34 COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HASTINGS, JOHN	
STREET ADDRESS	1408 S MIAMI RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MEAGHER, BOIS	
STREET ADDRESS	1374 SE 14TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

MEAGHER, BOIS

☒

Change

☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

954-763-1974

Date

Daytime Phone #

CR2E037 (9/99)