

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710334

1. Entity Name

PRO RACING ASSOCIATION, INC.



FILED

04 JAN 29 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03-04

Principal Place of Business

36 LISA DRIVE
WAUCHULA FL 33873
US

Mailing Address

POST OFFICE BOX 715
WAUCHULA FL 33873
US

2. Principal Place of Business

354 Sand Pine Trail
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number 59-2636332

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOTEN, TOMMY
36 LISA DRIVE
WAUCHULA FL 33873

7. Name and Address of New Registered Agent

Name Paul Hooten PD
Street Address (P.O. Box Number is Not Acceptable)
354 Sand Pine Trail
City Winter Haven FL Zip Code 33880

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. I am familiar with, and accept the obligations of registered agent.

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELDREDGE, LINDA	
STREET ADDRESS	6055 MOUNTAIN LAKE DR	
CITY-ST-ZIP	BARTOW FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOOTEN, TOMMY	
STREET ADDRESS	36 LISA DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEEBRICH, LISA	
STREET ADDRESS	36 LISA DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Hooten	
STREET ADDRESS	354 Sand Pine Trail	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margie Kinkred	
STREET ADDRESS	354 Sand Pine Trail	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darlene Nuccio	
STREET ADDRESS	2628 N.W. 4th place	
CITY-ST-ZIP	CAPE CORAL, FL 33993	
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		

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

1/12/04 863-412-1771

CR2E037 (4/03)