2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED **DOCUMENT # 712667** May 26, 2000 8:00 am Secretary of State THE GIRL'S RACING ASSOCIATION, INC. 05-26-2000 90073 018 ****61.25 Principal Place of Business Mailing Address 4500 ULMERTON RD P.O. BOX 816 PINELLAS PARK FL 33780-0816 CLEARWATER FL 34622 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 59-6209973 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, SHARI 12050-44tti street North 830 118TH TERRACE NORTH, #1 ST. PETERSBURG FL 33716 City Zip Code CLEARWATER, FLORIDA 33762 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of 9. Election Campaign financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Thange TITI F ☐ Delete ſΡ NAME NAME PHILLIPS, SHARI SHERRY MOWERY STREET ADDRESS STREET ADDRESS 830 118TH TERRACE NORTH, #1 12050 44mH STREET NORTH CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIE ST. PETERSBURG FL 33716 Addition TITI F ☐ Change ☐ Delete TITLE D MOWERY, SHERRY NAME NAME Marsha Moctezuma STREET ADDRESS STREET ADDRESS 12050 44TH STREET NORTH LARGO - FL 3377 CITY-ST-ZIP CITY-ST-7IP '501 142 AVENUE NORTH #651 CLEARWATER FL-33762 -----☐ Addition TITLE TITLE Delete SHARI PHILLIPS FUELNER, PAMELA NAME 830 118TH TER NORTH #1 ST PETERSBURG, PL 33716 STREET ADDRESS STREET ADDRESS 1439 30TH AVENUE NORTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704 Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it Block 10 of Block 11 in changed, or on an attachment with an address, with all other like empowered.