

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90011 013 ****61.25

DOCUMENT # 721018

1. Entity Name

ORLANDO TRACK OFFICIALS CLUB, INC.

Principal Place of Business

Mailing Address

1107 EVANGELINE AVE
 ORLANDO FL 32809
 US

1107 EVANGELINE AVE
 ORLANDO FL 32809-7031
 US

2. Principal Place of Business

7643 WAUNAQUA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7643 WAUNAQUA DRIVE

Suite, Apt. #, etc.

City & State

WINTER PARK, FLORIDA

City & State

WINTER PARK, FLORIDA

4. FEI Number

23-7247502

Applied For

Not Applicable

Zip

32792

Country

U.S.A.

Zip

32792

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, ROLAND
1107 EVANGELINE AVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name **JAMES H. NEALE**

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

7643 WAUNAQUA DRIVE

City **WINTER PARK**

FL

Zip Code

32792

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 James H. Neale **JAMES H. NEALE** **TREASURER** **2-4-00**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SEEBERS, RICHARD H	
STREET ADDRESS	707 BAXTER AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, RONALD	
STREET ADDRESS	1107 EVANGELINE AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BENA, TED	
STREET ADDRESS	215 W PRINCETON ST	
CITY-ST-ZIP	ORLANDO FL 32804	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TITUS KING	
STREET ADDRESS	2970 N. PINE HILLS ROAD	
CITY-ST-ZIP	ORLANDO, FLORIDA 32808	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON MERRICK	
STREET ADDRESS	7862 BROKEN ARROW TRAIL	
CITY-ST-ZIP	WINTER PARK, FLORIDA 32792	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB BELL	
STREET ADDRESS	1118 DENSMORE DRIVE	
CITY-ST-ZIP	WINTER PARK, FLORIDA 32792	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM NEALE	
STREET ADDRESS	7643 WAUNAQUA DRIVE	
CITY-ST-ZIP	WINTER PARK, FLORIDA 32792	
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: James H. Neale **JAMES H. NEALE** **2-4-00** **407-679-4348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)