

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721018

1. Entity Name

ORLANDO TRACK OFFICIALS CLUB, INC.

Principal Place of Business

7643 WAUNAQUA DRIVE
WINTER PARK FL 32792
US

Mailing Address

7643 WAUNAQUA DRIVE
WINTER PARK FL 32792
US

2. Principal Place of Business

1118 Densmore Dr
Suite, Apt. #, etc.

3. Mailing Address

1118 Densmore Dr
Suite, Apt. #, etc.

City & State

Winter Park

Zip

32792

Country

Orange

City & State

Winter Park

Zip

32792

Country

Orange

4. FEI Number

23-7247502

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEALE, JAMES H
7643 WAUNAQUA DRIVE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

NAME: BELL, Robert J
Street Address (P.O. Box Number is Not Acceptable)

1118 Densmore Dr.
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 Robert J. Bell
Robert J. Bell SD-TD

DATE 08-05-01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KING, TITUS 2970 N PINE HILLS RD ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRICK, DON 7862 BROKEN ARROW TRAIL WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, BOB 1118 DENSMORE DRIVE WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEALE, JIM 7643 WAUNAQUA DRIVE WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dave Shuttleworth 112 Lynbrook Dr Orlando FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Don Merrick 7862 Broken Arrow Trail Winter Park FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD-TD BELL Robert 1118 Densmore DR Winter Park FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert J. Bell

8-5-01

402-652-0229

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90012 027 ****70.00



DO NOT WRITE IN THIS SPACE

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