2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 25, 2002 8:00 am Secretary of State **DOCUMENT # 721018** 1. Entity Name ORLANDO TRACK OFFICIALS CLUB, INC. 03-25-2002 90070 046 ****61.25 Principal Place of Business Mailing Address 1118 DENSMO DR 1118 DENSMO DR WINTER PARK FL 32792 WINTER PARK FL 32792 Principal Place of Busines DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7247502 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 115 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL. ROBERT J 1118 DENSMORE DR **WINTER PARK FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME SHUTTLEWORTH, DAVE STREET ADDRESS STREET ADDRESS 112 LYNBROOK DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 TITLE ۷D ☐ Delete ☐ Change Addition MERRICK, DON NAME STREET ADDRESS 7862 BROKEN ARROW TRAIL STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP WINTER PARK FL 32792 TITLE SD ☐ Delete TITLE ☐ Change Addition **BELL, ROBERT** NAME NAME STREET ADDRESS 1118 DENSMORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Addition TITLE ☐ Delete Change LIONEL N. BONCK 9195: IVERTON LOOP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/02 467-321-8854