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

DOCUMENT # 721018

1. Entity Name

ORLANDO TRACK OFFICIALS CLUB. INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90209 003 ****61.25

			1	WE INST					
Principal Place of Business 319 SILVERTON LOOP LAKE MARY FL 32746 JS		Mailing Address 919 SILVERTON LOOP LAKE MARY FL 32746 US							
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2. Principal F	Place of Business	3. Mailing Address			i 1 133 111 1 3616 11	adi 1991 dalah 1999 (A	i) bibbi bibi) bibil bibil bib	HI BIBIT HEBY	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING CHANGES		
City & State		City & State			4. FEI Number 23-7247502 Applied Fo		oplied For ot Applicable	•	
Zip	Country	Zip	Country		5. Certificate of Si	tatus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current I	Registered Agent			7. Name and Add	Iress of New Reg		<u> </u>	
			Name	_					
BONCK, LIONEL N		and the state of t	Street Address). Box Number is I	Not Acceptable)	<u>* </u>		~ ,
	ERTON LOOP VRY FL 32746		 -						
_			City		-		FL Zip Cod	e	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	ature required wh	en reinstating)		DATE		
Signature .	Signature, typed or printed name of registered agent a	9. Election Carn, Trust Fund Co	palgn Financing	\$	5.00 May Be		Check Payable Department of S		
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	palgn Financing	□ \$	5.00 May Be	Florida	Check Payable	State	
	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.	AD	5.00 May Be dided to Fees	Florida ES TO OFFICERS	Check Payable Department of S	State	(02)
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IO. ITLE IAME STREET ADDRESS SITY-ST-ZIP	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR PD SHUTTLEWORTH, DAVE 112 LYNBROOK DR ORLANDO FL 32807	9. Election Cam Trust Fund Co ECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD AD HANK	5.00 May Be dided to Fees DITIONS/CHANG Chunka	Florida ES TO OFFICERS	Check Payable Department of S AND DIRECTORS IN Change	State	R2E037 (10/02)
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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-7IP