

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **726978**

1. Entity Name

FLORIDA ASSOCIATION OF RACING OFFICIALS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90024 035 ****61.25

Principal Place of Business 21001 N.W. 27TH AVE. MIAMI FL 33056-1461	Mailing Address 21001 N.W. 27TH AVE. MIAMI FL 33056-1461
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6522856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOTH, RANDALL E
700 NE 27TH AVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DS <input type="checkbox"/> Delete
NAME	CUNDALL, FRANK
STREET ADDRESS	11741 TIMBERS WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	T <input type="checkbox"/> Delete
NAME	DUNN, KENNETH
STREET ADDRESS	11122 NORTH RIO VISTA BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	CAMAC, CHARLES
STREET ADDRESS	2286 SW 82 AVE.
CITY-ST-ZIP	DAVIE FL
TITLE	D <input type="checkbox"/> Delete
NAME	NOE, JEFFREY
STREET ADDRESS	1580 EASTLAKE WAY
CITY-ST-ZIP	FT LAUDERDALE FL 33326
TITLE	T <input type="checkbox"/> Delete
NAME	JUMPHREY, ROBERT D
STREET ADDRESS	931 WASHINGTON ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	T <input type="checkbox"/> Delete
NAME	PENNOCK, PATRICIA
STREET ADDRESS	420 SW 83 WAY #108
CITY-ST-ZIP	PEMBROKE PINES FL 33026

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: **SIGNATURE REQUIRED** *[Signature]* **1-10-00** **305-474-5686**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #