

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727485

1. Entity Name

DAYTONA BEACH TRACK CLUB, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91419 020 ****61.25

0056838

Principal Place of Business Mailing Address
P O BOX 1303 P O BOX 1303
DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7398972 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code
RICE, PAUL E J
20 N HALIFAX AVENUE 222 SEABREEZE BLVD
DAYTONA BEACH FL 32118

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILPOTT, DANNY		NAME	C. BUCK HARBUCK	
STREET ADDRESS	40 TIMBER TRAIL		STREET ADDRESS	822 N. BEACH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32127		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHENDORFER, LEONARD		NAME		
STREET ADDRESS	3757 S. ATLANTIC AVE., #1105		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEGO, FRANK		NAME	SAME	
STREET ADDRESS	170 E. GRANADA BLVD		STREET ADDRESS	1495 RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, PAUL E J		NAME	SAME	
STREET ADDRESS	20 N HALIFAX		STREET ADDRESS	222 SEABREEZE BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: LEONARD KOCHENDORFER 3/4/02 386-322-0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)