

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

FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 90958 020 ****61.25

DOCUMENT # 727485

1. Entity Name

DAYTONA BEACH TRACK CLUB, INC.



Principal Place of Business

**P O BOX 1303
DAYTONA BEACH FL 32115**

Mailing Address

**P O BOX 1303
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

4. FEI Number **23-7398972**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICE, PAUL E J
222 SEABREEZE BLVD.
DAYTONA BEACH FL 32118**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HARBUCK, BUCK C**
STREET ADDRESS **822 N. BEACH ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **T** ☐ Delete
NAME **KOCHENDORFER, LEONARD**
STREET ADDRESS **3757 S. ATLANTIC AVE., #1105**
CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE **D** ☒ Delete
NAME **DIEGO, FRANK**
STREET ADDRESS **1495 RIDGEWOOD AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☒ Delete
NAME **RICE, PAUL E J**
STREET ADDRESS **222 SEABREEZE BLVD/**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** ☐ Delete
NAME **CHRISTOPHER KELLEY**
STREET ADDRESS **251 N. RIDGEWOOD AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☐ Delete
NAME **ROB MAXWELL**
STREET ADDRESS **117 ACES ALLEY**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Y** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **RICHARD WENDT**
STREET ADDRESS **860 STONYBROOK CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **S** ☐ Change ☒ Addition
NAME **PATRICK JOHNSON**
STREET ADDRESS **1503 POPLAR DR**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **LEONARD KOCHENDORFER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

4/5/03 386-322-0835