

2002 UNIFORM BUSINESS REPORT (UBR)

0014182

DOCUMENT # 728192

1. Entity Name

AMERICAN GREYHOUND TRACK OPERATORS ASSOCIATION

FILED

02 JAN 15 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1100 N. WICKHAM ROAD
MELBOURNE FL 32935

Mailing Address

1100 N. WICKHAM ROAD
MELBOURNE FL 32935

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

59-0560513

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

PURNELL, HAROLD F
215 S. MONROE STREET
#420
TALLAHASSEE FL 32301

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

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 PD
NAME LEE, BILL
STREET ADDRESS 10750 E. ILIFF AVE.
CITY-ST-ZIP AURORA CO 80014

☐ Delete

TITLE VD
NAME LUCIANO, DAN
STREET ADDRESS 3801 EAST WASHINGTON ST.
CITY-ST-ZIP PHOENIX AZ 85034-1796

☐ Delete

TITLE T
NAME CORBIN, MICHAEL
STREET ADDRESS 40 FOUNTAIN PLAZA
CITY-ST-ZIP BUFFALO NY 14202

☐ Delete

TITLE S
NAME CHRISTMAN, ROBERT
STREET ADDRESS 1100 N. WICKHAM ROAD
CITY-ST-ZIP MELBOURNE FL 32935

☐ Delete

TITLE D
NAME KEELAN, KAREN
STREET ADDRESS 137 LATHROP ROAD
CITY-ST-ZIP PLAINFIELD CT 06370

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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]

1/11/02 (32) 259-9800

CR2E037 (9/01)