

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728617

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: FLORIDA TRACK CLUB, INC.

## Current Principal Place of Business:

916 NE 7 TERRACE  
GAINESVILLE, FL 32601 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 12463  
UNIVERSITY STATION  
GAINESVILLE, FL 32604 US

## New Mailing Address:

FEI Number: 23-7181954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, TOM  
916 NE 7 TERRACE  
GAINESVILLE, FL 32601 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WHITE, TOM  
Address: 916 NE 7 TER  
City-St-Zip: GAINESVILLE, FL 32601

Title: VPD ( ) Delete  
Name: POLITOWICZ, ROBIN  
Address: 4118 NW 47 PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: TD ( ) Delete  
Name: DAVIS, DON  
Address: 3509 NW 53 TERR  
City-St-Zip: GAINESVILLE, FL 32606

Title: SD ( ) Delete  
Name: FULLER, NOELLE  
Address: P.O. BOX 12463  
City-St-Zip: GAINESVILLE, FL 32604

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: PETERS, SCOTT  
Address: 8219 SW 52 LN  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM WHITE

PD

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date