

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751272

1. Entity Name
SUNCOAST RACE WEEK, INC.

Principal Place of Business Mailing Address
19806 READING RD 19806 READING RD
LUTZ FL 33549 LUTZ FL 33549
US US

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 **59-2874168** 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

DAWSON, MICHAEL W
19806 READING RD
LUTZ FL 33549

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DPT** ☐ Delete
NAME **DAWSON, MICHAEL W**
STREET ADDRESS **19806 READING RD**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **DV** ☐ Delete
NAME **PENNINGTON, GEORGE**
STREET ADDRESS **13420 LAS PALMAS DR.**
CITY-ST-ZIP **LARGO FL**

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

TITLE **DS** ☐ Delete
NAME **PENNINGTON, BETH**
STREET ADDRESS **13420 LAS PALMAS DR**
CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ Delete
NAME **MOORE, HENRY**
STREET ADDRESS **1003 S STERLING AVE**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Michael Dawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-5-02** Daytime Phone # **813-947-1840**

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90018 010 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)