2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **757767** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name SOUTH FLORIDA TROTTING CENTER, INC. 04-27-2000 90032 014 ****61.25 Principal Place of Business Mailing Address 1801 S. FEDERAL HWY 7563 STATE ROAD 7 LAKE WORTH FL 33467 SUITE 300 DELRAY BEACH FL 33483-3335 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2098051 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHERRY, ERIC 1801 S. FEDERAL HWY #300 City Zip Code **DELRAY BEACH FL 33483** 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. 4-30-00 SIGNATURE Signature, typed or printed name of reg (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD. TITLE ☐ Change Addition TITLE ☐ Delete NAME DAISEY, GENE E NAME STREET ADDRESS STREET ADDRESS 5505 FAIRWAY PARK DR #205 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** PD ☐ Change Addition Defete TITLE TITLE CHERRY, ERIC NAME NAME STREET ADDRESS STREET ADDRESS 1801 S. FEDERAL HWY #300 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** SD ☐ Addition ☐ Change TITLE Delete TITLE CHERRY, VERONICA NAME NAME 1801 S. FEDERAL HWY #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33483 ☐ Addition ☐ Change TITLE ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 epock 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.

561-272-5667