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

DOCUMENT # 757767

1. Entity Name



FILED Mar 20, 2003 8:00 am § Secretary of State

03-20-2003 90117 012 ****61.25

SOUTH	FLUHIDA TROTTING CENTER						
7563 STATE ROAD 7 1801 LAKE WORTH FL 33467 SUIT		Mailing Address 1801 S. FEDERAL HWY SUITE 300 DELRAY BEACH FL 33483	o1 S. Federal Hwy Jite 300		ı 1 80 11 1 0010 0 1414 1001 albış arb	<u> </u>	ē ti sabil tabi
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		1 33 2030001		pplied For	
Zip	Country	Zip	Country	5. Certificate of Star		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered A		
			Name				
CHERRY, ERIC 1801 S. FEDERAL HWY			Street Address	ss (P.O. Box Number is Not Acceptable)			
#300 DELRAY BEACH FL 33483			City			Zip Coo	10
					FL	. '	
the obliga	e named entity submits this statement fo tions of registered agent. Signature, typed or printed name of registered agent.		Registered Agent signature require		DATE	amiliar with,	and accept
· .	<u> </u>	·····					
FILE NOW: FEE IS \$61.25			9. Election Campalgn Financing Trust Fund Contribution.		Make Check Payable to Hed to Fees Florida Department of State		
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	110
TITLE	VD	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	DAISEY, GENE E 5505 FAIRWAY PARK DR #205		NAME				{
CITY-ST-ZIP	BOYNTON BEACH FL 33437		STREET ADDRESS CITY-ST-ZIP				}
TITLE	PD	Delete .	TITLE				 _;
NAME	CHERRY, ERIC	LJ Delete .	NAME			☐ Change	Addition 6
STREET ADDRESS	1801 S. FEDERAL HWY #300		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL-33483	e e e e e e e e e e e e e e e e e e e	- i- CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE			Change	Addition
NAME	CHERRY, VERONICA		NAME				
STREET ADDRESS CITY-ST-ZIP	1801 S. FEDERAL HWY #300 DELRAY BEACH FL 33483		STREET ADDRESS				
TITLE	DELINAT BEACH FL 33463		CITY-ST-ZIP		···		
NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				ĺ
CITY-ST-ZIP			CITY-ST-ZIP)
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME CTREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
	certify that the information samelied with	his filing does not qualify for t	_	action 110 07/2Vi). Flants			

indicated on this report or supplemental the information and a supplemental the information indicated on this report or supplemental them in the information of the corporation or the receiver or truster 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 office in the empowered.

SIGNATURE:

3-17-03

(561) 272-5667