

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90028 005 ****61.25

DOCUMENT # 764992

1. Entity Name

MID-FLORIDA QUARTER MIDGET RACING ASSOCIATION, I

Principal Place of Business

Mailing Address

3535 DAMON RD.
 APOPKA FL 32703
 US

P O BOX 924
 CLARCONA FL 32710-0924
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABBOTT, KEITH
3512 CURTIS DR.
APOPKA FL 32703

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** Delete
 NAME **EADS, RICK**
 STREET ADDRESS **37149 TREFOIL LN**
 CITY-ST-ZIP **UMATILLA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **KNOWLES, THOMAS**
 STREET ADDRESS **12126 PICALILLI ST**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MILLER, SHIRLEY**
 STREET ADDRESS **P O BOX 143 N/A**
 CITY-ST-ZIP **CLARCONA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ABBOTT, MAUREEN**
 STREET ADDRESS **3512 CURTIS DR**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SPENCER, STEVEN**
 STREET ADDRESS **616 GLENVIEW DRIVE**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MILLER, LORI CAYE**
 STREET ADDRESS **6876 MOORHEN CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE Change Addition
 NAME **Spencer, Nancy**
 STREET ADDRESS **616 Glenview Dr.**
 CITY-ST-ZIP **Winter Garden, FL 34787**

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: *Nancy Spencer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Nancy Spencer** **2/15/00** **407-935-3700**

 Date Daytime Phone #

CR2E037 (9/99)