

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **856420** ✓

1. Corporation Name

**SKIP BARBER RACING SCHOOL, INC.**

Principal Place of Business

**29 BROOK STREET  
LAKEVILLE CT 06039**

Mailing Address

**29 BROOK STREET  
LAKEVILLE CT 06039**

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90010 010 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/11/1983**

4. FEI Number

**04-2645440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30** Country

9. Name and Address of Current Registered Agent

**EARWOOD, TERRY  
4001 LAKE SEBRING DRIVE, N.E.  
SEBRING FL 33870**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **BARBER, JOHN**  
STREET ADDRESS **MUDGE PONO RD**  
CITY-ST-ZIP **SHARON CT 06069**

TITLE **C** ☒ DELETE  
NAME **BLADES, GEORGIA**  
STREET ADDRESS **UNDER MOUNTAIN RD**  
CITY-ST-ZIP **SALISBURY CT 06068**

TITLE **AC** ☐ DELETE  
NAME **SULLIVAN, KEVIN**  
STREET ADDRESS **LINCOLN CITY ROAD**  
CITY-ST-ZIP **LAKEVILLE CT 06039**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

**SIGNATURE KEVIN SULLIVAN**

**9/13/99 (860) 435-4217**

CR2E034 (5/99)

# 856420  
617326-90010-1C

SKIP BARBER RACING SCHOOL, INC.  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
1999 PROFIT CORPORATION ANNUAL REPORT

ATTACHEMENT

Line 13. Additions/Changes to Officers and Directors:

Title	P, D	Change__X__	Addition__
Name	Barber, John		
Street Address	31 Mudge Pond Road		
City, ST Zip	Sharon, CT 06069		

Title	T	Change__X__	Addition__
Name	Sullivan, Kevin		
Street Address	81 Lincoln City Road		
City, ST Zip	Lakeville, CT 06039		

Title	D, S	Change__	Addition_X_
Name	Boyer, Brad		
Street Address	65 East 55 <sup>th</sup> Street		
City, ST Zip	New York, NY 10022		

Title	D	Change__	Addition_X_
Name	Moross, David		
Street Address	65 East 55 <sup>th</sup> Street		
City, ST Zip	New York, NY 10022		

Title	D	Change__	Addition_X_
Name	Hofman, Don		
Street Address	380 Madison Avenue		
City, ST Zip	New York, NY 10017		

Title	D	Change__	Addition_X_
Name	Kain, Robert		
Street Address	1360 East 9 <sup>th</sup> Street		
City, ST Zip	Cleveland, OH 44114		

Title	D	Change__	Addition_X_
Name	Derba, Joseph		
Street Address	55 William Street		
City, ST Zip	Wellesley, MA 02181		

Title	D	Change__	Addition_X_
Name	Dyson, Rob		
Street Address	565 Fifth Avenue		
City, ST Zip	New York, NY 10017		