

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A24159**

1. Entity Name

GRAND PRIX, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 11 AM 10:02

Principal Place of Business

3711-A WEST GRACE ST
TAMPA FL 33607

Mailing Address

3711 A WEST GRACE ST.
TAMPA FL 33607

2. Principal Place of Business

4510 Sylvan Ramble
Suite, Apt. #, etc.

3. Mailing Address

4510 Sylvan Ramble St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-2770407

Applied For

Not Applicable

Zip

Country

33609 USA

Zip

Country

33609 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAND PRIX CORPORATION
3711 A. WEST GRACE ST.
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

9. Capital Contributions
as Shown on record.

\$5,095,450.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # J52009
NAME GRAND PRIX CORPORATION
STREET ADDRESS 3711 A WEST GRACE ST.
CITY-ST-ZIP TAMPA FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)