

2001 UNIFORM BUSINESS REPORT (UBR)

0018177 AF

DOCUMENT # **A24159**

1. Entity Name

GRAND PRIX, LTD.

FILED

01 APR -9 PM 12:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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 St

Suite, Apt. #, etc.

3. Mailing Address

4510 Sylvan Ramble St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33609

Country

US

City & State

Tampa FL

Zip

33609

Country

US

4. FEI Number

59-2770407

Applied For

Not Applicable

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)

4510 Sylvan Ramble

City

Tampa

FL

Zip Code

33609

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

Paul L. Hunter

4/3/01

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.

43000.00

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**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **4510 Sylvan Ramble St.**
CITY-ST-ZIP **Tampa FL 33609**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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84/28/01 01004-008
******389.75 ****389.75**

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

4/3/01

Date

813-637-9696

Daytime Phone #

CR2E003 (11/00)