

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90068 030 ***150.00

DOCUMENT # F01000005486

1. Entity Name
GRAND PRIX ASSOCIATION OF LONG BEACH, INC.



Principal Place of Business
3000 PACIFIC AVENUE
LONG BEACH CA 90806

Mailing Address
3000 PACIFIC AVENUE
LONG BEACH CA 90806

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 **95-2945353**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAELIAN, JAMES P	
STREET ADDRESS	3000 PACIFIC AVENUE	
CITY-ST-ZIP	LONG BEACH CA 90806	
TITLE	V	<input type="checkbox"/> Delete
NAME	MIRAGLIA, JEROME T	
STREET ADDRESS	1131 N. DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE 19901	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HORNE, TIMOTHY R	
STREET ADDRESS	1131 N. DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE 19901	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCGLYNN, DENIS	
STREET ADDRESS	1131 N. DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE 19901	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELOHOUBEK, KLAUS M	
STREET ADDRESS	2200 CONCORD PIKE, 15TH FLOOR	
CITY-ST-ZIP	WILMINGTON DE 19903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK J. BAGLEY	
STREET ADDRESS	1131 N. DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER, DE 19901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)