## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F93000002308** Jan 18, 2000 8:00 am **Secretary of State** SPUR RACING TEAM INC. 01-18-2000 90098 021 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 489 PO ROX 489 MEADOWLANDS PA 15347-0489 MEADOWLANDS PA 15347 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 25-1150141 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name HARDIN, DAVID C ESQ. Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33394 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME DAVIS, ROY D NAME STREET ADDRESS ROYAL TRAVEL BUILDING, RACE TRACK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MEADOWLANDS PA 15347** DAVIS, RICHARD W. V.P., 154 Mendowview Dr. CANONSBURG. PA 1531 TITLE NAME DAVIS, ROY D JR. NAME STREET ADDRESS STREET ADDRESS ROYAL TRAVEL BUILDING, RACE TRACK ROAD CITY-ST-7IP CITY-ST-ZIP MEADOWLANDS PA 15347 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME<sup>\*</sup> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR