

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90012 036 ***150.00

DOCUMENT # F98000003527

1. Entity Name
SPEEDWAY LODGES, INC.

Principal Place of Business
**5500 LILBURN-STONE MOUNTAIN ROAD
 STONE MOUNTAIN GA 30087**

Mailing Address
**5500 LILBURN-STONE MOUNTAIN ROAD
 STONE MOUNTAIN GA 30087**

2. Principal Place of Business
1140 Old Peachtree Rd.

3. Mailing Address
1140 Old Peachtree Rd.

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Duluth, GA

City & State
Duluth, GA

Zip
30097

Country
USA

Zip
30097

Country
USA

4. FEI Number **58-2392159**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 *Diane A. Clark* (*Diane A. Clark*) SDT 4-2-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
 NAME **TANT, CLYDE R JR**
 STREET ADDRESS **5500 LILBURN STONE MTN RD**
 CITY-ST-ZIP **STONE MOUNTAIN GA 30087**

TITLE **PC** ☒ Change ☐ Addition
 NAME **TANT, CLYDE R JR.**
 STREET ADDRESS **1140 Old Peachtree Rd., Ste. A**
 CITY-ST-ZIP **Duluth, GA 30097**

TITLE **VVC** ☐ Delete
 NAME **CLARK, CLIFFORD M**
 STREET ADDRESS **1140 OLD PEACHTREE RD STE A**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE **WC** ☒ Change ☐ Addition
 NAME **CLARK, CLIFFORD M**
 STREET ADDRESS **1140 Old Peachtree Rd. Ste A**
 CITY-ST-ZIP **Duluth, GA 30097**

TITLE **SDT** ☒ Delete
 NAME **CLARK, DIANE A**
 STREET ADDRESS **1140 OLD PEACHTREE RD STE A**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE **SDT** ☐ Change ☐ Addition
 NAME **CLARK, DIANE A**
 STREET ADDRESS **1140 Old Peachtree Rd Ste A**
 CITY-ST-ZIP **Duluth, GA 30097**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane A. Clark* (*Diane A. Clark*) 4-2-01 770-622-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)