2000 UNIFORM BUSINESS REPORT (UBR)							FILED					
DOCUMENT # H18538 1. Entity Name ORLANDO SPRINT CAR RACING, INC.						Mar 30, 2000 8:00 am Secretary of State 03-30-2000 90063 047 ***150.00						
												Principal Plac
C/O WILLIAM STAUFFER 5510 HOWELL BRANCH RD WINTER PARK FL 32792-9327		C/O WILLIAM STAUFFER 5510 HOWELL BRANCH RD WINTER PARK FL 32792-9327				(11885 18481 81188 11184 1	A.(
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI	Number	59-2436624		Applied For Not Applicable			
Zip	Country	Zip	Coun	try	5. Cert	ificate of	Status Desired		8.75 Add	ditional		
	6. Name and Address of Current R	egistered Agent		Name	7. Narr	e and Ad	Idress of New Re			-		
STAUFFER, WILLIAM				treet Address (P.O. Box Number is Not Acceptable)								
5510 HOWELL BRANCH RD WINTER PARK FL 32789									<u>–</u>			
				City		FL Zip Code				e		
. The above	named entity submits this statement for	the purpose of changing its re	egistera	ed office or regis	tered agent,	or both, i	n the State of Flori		L			
		,	-	-	-							
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOTE-	Registere	d Agent signature requ	iired when reinsta	ting)		DATE				
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW !! After MAY 1, 200 Make Check Payable	0 Fee	will be \$550.0	o j		on Campaign Fina Fund Contribution.	ncing		ID May Be d to Fees		
11.	OFFICERS AND D		12.		ADDIT	IONS/CF	IANGES TO OFFIC			S IN 11		
TITLE NAME Street address City-st-zip	Stauffer, William 5510 Howell Branch RD Winter Park Fl	Delete										
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLI NAM STRE	E					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITL NAM STRE	E					Change	Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLI NAM STRE	E					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLI NAM STRE	E .					Change	Addition		
indicated	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empo- or on an attachment with an address, w	true and accurate and that my rered to execute this report a	y signa is requi	ture shall have th	ne same legi 607, Florida i	al effect a Statutes; a	s it made under oa	ath: that I an	n an officer	or director		
SIGNAT		INTED NAME OF SIGNING OFFICER O		ESIDENT		3/	21/00 Date		7 6 7 8 /time Phone #	2652		