

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34402

1. Entity Name

LEEWARD RACING, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90081 020 ***150.00

Principal Place of Business

% JAMES K. LEEWARD
7801 S.E. 58TH AVENUE
OCALA FL 34480
US

Mailing Address

% JAMES K. LEEWARD
7801 S.E. 58TH AVENUE
OCALA FL 34480-7727
US

2. Principal Place of Business

6015 SW Hwy 200

3. Mailing Address

P O Box 1476

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

Zip

34474-1476

Country

4. FEI Number

59-2483932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEEWARD, JAMES K.
7801 S.E. 58TH AVENUE
OCALA FL 32671

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1930 Clatterbridge Rd

City

Ocala

FL

Zip Code

34471

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)

DATE

4/6/00

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEEWARD, JAMES K.	
STREET ADDRESS	7801 S.E. 58TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEEWARD, DIRK J.	
STREET ADDRESS	7801 SW 58TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P O Box 1476	
STREET ADDRESS	Ocala FL 34478-1476	
CITY-ST-ZIP		
TITLE	P O Box 1476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ocala FL 34478-1476	
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		

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: By: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

Daytime Phone #

CR2E034 (9/99)