

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90130 007 \*\*\*150.00

**DOCUMENT # K00669**

1. Entity Name

**CHARLOTTE COUNTY SPEEDWAY, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8655 Piper Road**

3. Mailing Address  
**P. O. Box 38-1084**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Punta Gorda, Florida**

City & State  
**Murdock, Florida**

4. FEI Number  
**65-0233625**

Applied For  
Not Applicable

Zip  
**33982**

Country  
**USA**

Zip  
**33938-1084**

Country  
**USA**

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

7. Name and Address of Current Registered Agent

Name  
**Jesse LeRoy Davidson**

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

**20295 Lorenzo Avenue**

City  
**Port Charlotte**

**FL**

Zip Code  
**33952**

**DO NOT WRITE  
IN THIS SPACE**

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

**Jesse LeRoy Davidson, Registered Agent**

**January 9, 2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D, C, Jesse LeRoy Davidson 20295 Lorenzo Avenue Port Charlotte, Florida 33952</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, T, D, Mary E. Benson 18375 Temple Avenue Port Charlotte, Florida 33948</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D, Robert Mitton 4100 73RD STREET NORTH St. Petersburg, Florida 33709</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary E. Benson*

**Mary E. Benson, Secretary 1/9/03**

**800-325-8172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)