2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

K51081

1. Entity Name

FLORIDA ROAD RACE MANAGEMENT, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90146 044 ***150.00

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Principal Place of Business 1256 STONEY BROOK LANE DUNEDIN FL 34698		Mailing Address 1256 STONEY BROOK LANE DUNEDIN FL 34698			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2921521	Applied For Not Applicable
Zip	Country	Zip	Country		B.75 Additional se Required
6. Name and Address of Current Re		Registered Agent	<u> </u>	7. Name and Address of New Registered Age	ent
			Name		
MCDOWELL, EVERETT B., JR. 1256 STONEY BROOK LANE		Street Addr		ss (P.O. Box Number is Not Acceptable)	
DUNEDIN FL 34698					
			City	FL	Zip Code
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida. I am fan	niliar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
	P	☐ Delete	TITLE		☐ Change ☐ Addition 8
TITLE	MCDOWELL, EVERETT B., JR	□ Delete	NAME	•	
STREET ADDRESS	1256 STONEY BROOK LN.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		CITY-ST-ZIP		
	DONEDITTE	□ Delete	TITLE		☐ Change ☐ Addition
TITLE NAME		T Delete	NAME	_]
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	4.00	□ Delete	TITLE	[Change Addition
NAME		L Delete	NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE:

727-736-4551

Daytime Phone #