

2000 UNIFORM BUSINESS REPORT (UBR)

0029581

DOCUMENT # K62620

1. Entity Name
OCEANSHORE MOTORSPORTS, INC.

FILED

00 FEB 24 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 525 FENTRESS BOULEVARD POST OFFICE BOX 2860 DAYTONA BEACH FL 32114 US	Mailing Address P. O. BOX 2860 POST OFFICE BOX 2860 DAYTONA BEACH FL 32120-2860 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 275 Clyde Morris Blvd.	3. Mailing Address 275 Clyde Morris Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ormond Beach, FL	City & State Ormond Beach, FL	4. FEI Number 59-2938519	Applied For <input type="checkbox"/> Not Applicable
Zip 32174	Country USA	Zip 32174	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**VOGES, WILLIAM J.
525 FENTRESS BOULEVARD
DAYTONA BEACH 32115**

7. Name and Address of New Registered Agent

Name William J. Voges
Street Address (P.O. Box Number is Not Acceptable) 275 Clyde Morris Blvd.
City Ormond Beach
State FL
Zip Code 32174

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 *William J. Voges* **William J. Voges, Registered Agent** **1/10/2000**
Signature, typed or printed name of Registered Agent and title (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS <input type="checkbox"/> Delete ROOT, CHAPMAN J II 525 FENTRESS BLVD. DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete ROOT, CHAPMAN J II 525 FENTRESS BLVD. DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Root, Chapman J. II 275 Clyde Morris Blvd. Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

SIGNATURE: *Chapman J. Root II* **Chapman J. Root, II, President** **2/2/2000** (904) 671-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP