

# 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



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

525 FENTRESS BOULEVARD  
POST OFFICE BOX 2860  
DAYTONA BEACH FL 32114  
US

P. O. BOX 2860  
POST OFFICE BOX 2860  
DAYTONA BEACH FL 32120-2860  
US

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

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGES, WILLIAM J.  
525 FENTRESS BOULEVARD  
DAYTONA BEACH 32115

Name  
William J. Voges

Street Address (P.O. Box Number is Not Acceptable)  
275 Clyde Morris Blvd.

City  
Ormond Beach

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DPVS  
STREET ADDRESS ROOT, CHAPMAN J II  
CITY-ST-ZIP 525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114

TITLE ☒ Change ☐ Addition  
NAME DPVST  
STREET ADDRESS Root, Chapman J. II  
CITY-ST-ZIP 275 Clyde Morris Blvd.  
Ormond Beach, FL 32174

TITLE ☒ Delete  
NAME T  
STREET ADDRESS ROOT, CHAPMAN J II  
CITY-ST-ZIP 525 FENTRESS BLVD.  
DAYTONA BEACH FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 4000003158374  
STREET ADDRESS -03/06/00--01099--022  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: 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