

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77570

1. Entity Name

DENNIS RACING ENTERPRISES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90028 045 ***150.00

Principal Place of Business

Mailing Address

4246 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32247-2981

4246 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32207-6644

AUGUST 2000

2. Principal Place of Business

3. Mailing Address

2083 NICKERSON LN

2083 NICKERSON LN.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX FL

JAX FL

4. FEI Number 57-0887961

Applied For

Not Applicable

Zip 32207

Country

Zip 32207

Country

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

SULIK, JOHN J.
320 EAST ADAMS STREET
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

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

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 D ☐ Delete
NAME DENNIS, NICHOLAS B.
STREET ADDRESS 4246 ST AUGUSTINE RD 2083 Nickerson Ln
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME FEELY, MICHAEL R.
STREET ADDRESS 4246 ST AUGUSTINE RD 2083 Nickerson Ln
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99

399-8873