

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002946

1. Entity Name

LANGFORD MOTORSPORTS LLC

Principal Place of Business

4716 B NORTH MANHATTEN  
TAMPA FL 33614

Mailing Address

4716 B NORTH MANHATTEN  
TAMPA FL 33614

2. Principal Place of Business

4716 B NORTH MANHATTEN AVE. 1411 HIGH KNOLL DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

BRANDON, FL

Zip

33614

Country

USA

Zip

33511

Country

USA

4. FEI Number

59 3632013

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKEE, ROBERT F

1718 E. 7TH AVE., STE 301

TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

PATRICK C. LANGFORD

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

1411 HIGH KNOLL DR.

City

BRANDON

FL

Zip Code

33511

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MANAGING MEMBER  
STREET ADDRESS PATRICK C. LANGFORD  
CITY-ST-ZIP 1411 HIGH KNOLL DR.  
BRANDON, FL 33511

☐ Delete

TITLE NAME MEMBER  
STREET ADDRESS KATHLEEN C. LANGFORD  
CITY-ST-ZIP 1411 HIGH KNOLL DR.  
BRANDON, FL 33511

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME 40000410294  
STREET ADDRESS -05/01/01--01084--014  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
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CITY-ST-ZIP

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☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-02-01

Date

(813) 786-6485

Daytime Phone #

CR2E083 (11/00)