

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90120 028 ****50.00

DOCUMENT # L00000007295

1. Entity Name

ANDRETTI THRILL PARK MANAGEMENT, L.L.C.

Principal Place of Business

**139 EXECUTIVE CIRCLE, SUITE 104
 DAYTONA BEACH FL 32114**

Mailing Address

**139 EXECUTIVE CIRCLE, SUITE 104
 DAYTONA BEACH FL 32114**

2. Principal Place of Business

487 John Anderson Drive

3. Mailing Address

P.O. Box 4174

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach

City & State

Ormond Beach, FL

Zip

Country

FL

Zip

Country

32175

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3737577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEUBAUER, DAVID
 139 EXECUTIVE CIRCLE, SUITE 104
 DAYTONA BEACH FL 32114**

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. I am familiar with, and accept the obligations of registered agent.

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
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 NEUBAUER, DAVE
 139 EXECUTIVE CIRCLE, SUITE 201
 DAYTONA BEACH FL 32114** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 HAMANN, EDISON
 139 EXECUTIVE CIRCLE, SUITE 201
 DAYTONA BEACH FL 32114** ☐ Delete

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

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

09/07/02

Date

3866725550

Daytime Phone #

CR2E083 (4/02)