

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90010 031 ****50.00

DOCUMENT # L00000007295

1. Entity Name

ANDRETTI THRILL PARK MANAGEMENT, L.L.C.



Principal Place of Business

**487 JOHN ANDERSON DRIVE
ORMOND BEACH FL**

Mailing Address

**PO BOX 4174
ORMOND BEACH FL 32175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3737577**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Neubauer, David

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

487 John Anderson Drive

City

Ormond Beach

FL

Zip Code

32176

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **487 John Anderson Drive**
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11502 Wingham Court**
CITY-ST-ZIP **Orlando, FL 32837**

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

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

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

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

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

4/2/03

386672 SSS

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

Date

Daytime Phone #

CR2E083 (10/02)

0046420