

04/30/01 MON 14:08 FAX 813 281 0942

TRANS-MARINE MGMT. CORP.

001

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012866

1. Entity Name

Gwynn Steinbrenner Racing LLC

Principal Place of Business

Mailing Address

1. Principal Place of Business

4850 SW 52nd Street

2. Mailing Address

1 Steinbrenner Drive

Bldg. Apt. #, etc.

Bldg. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Tampa, FL

4. FEI Number

59-3692438

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

Tak, Mark T Esq.
501 E. Kennedy Blvd.
Suite 1400
Tampa, FL 33602

Name Tak, Mark T Esq.

Street Address (P.O. Box Number is not acceptable)
418 W. Platt Street

City Tampa

FL

Zip Code 33606

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 fee if applicable

Signature, typed or printed name of registered agent - required when relationship

Date

II. MANAGING MEMBERS/MANAGERS**III. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		Magnum Darrell Gwynn 4850 S.W. 52nd St. Davie, FL 33314	☐ Change ☒ Addition
		Henry G. Steinbrenner 1 Steinbrenner Drive Tampa, FL 33614	☐ Change ☒ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

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*****59.00 *****50.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 889, Florida Statutes.

SIGNATURE

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

Date

Certificate Number