

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021610

1. Entity Name

J.A. JOHNSTON MOTORSPORTS, L.L.C.

Principal Place of Business

1500 GALLEON DRIVE
NAPLES FL 34102

Mailing Address

1500 GALLEON DRIVE
NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

JOHNSTON, JAMES A
1500 GALLEON DRIVE
NAPLES FL 34102

4. FEI Number

59-3760902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE **MGR**
NAME **JOHNSTON, JAMES A**
STREET ADDRESS **1500 GALLEON DRIVE**
CITY-ST-ZIP **NAPLES FL 34102**

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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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

Date

Daytime Phone #

7-18-02 239-649-8944

DO NOT WRITE IN THIS SPACE

40013

CR2E083 (4/02)