

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90757 013 ****50.00

DOCUMENT # L02000032920

1. Entity Name

NORRIS MOTORSPORTS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 Roper Parkway

Suite, Apt. #, etc.

City & State

Ocoee FL

Zip
34761

Country

USA

3. Mailing Address

12333 Bruce Hunt Rd

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34711-9479

Country

USA

4. FEI Number

59-3680831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael A Norris

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

12333 Bruce Hunt Rd

City

Clermont

FL

Zip Code

34711

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

4/25/03

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Owner Michael A. Norris 12333 Bruce Hunt Rd Clermont FL 34711-9479
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/03

CR2E083B (12/02)