

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20914

1. Entity Name

SPACE COAST RACEWAY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90058 041 ***150.00

Principal Place of Business

Mailing Address

4172 FISHERMAN PL
COCOA FL 32926
US

4172 FISHERMANS PL
COCOA FL 32926-4230
US

2. Principal Place of Business

1650 Mason Terrace

3. Mailing Address

1650 Mason Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, Fl.

City & State

Melbourne, Fl.

4. FEI Number

59-3049033

Applied For

Not Applicable

Zip
32935

Country
USA

Zip
32935

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEANS, THOMAS W. ESQ
1900 S HARBOR CITY BLVD.
SUITE 115
MELBOURNE FL 32901

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PINCH, WILLIAM JOHN IV
STREET ADDRESS 4172 FISHERMANS PL
CITY-ST-ZIP COCOA FL ☐ Delete

TITLE PD
NAME Pinch, William John IV
STREET ADDRESS 1650 Mason Terrace
CITY-ST-ZIP Melbourne, Fl. 32935 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 2000 321 255-2775

Date

Daytime Phone #

CR2E034 (9/99)