

2000 UNIFORM BUSINESS REPORT (UBR)

0001562 AF

DOCUMENT # L96000000321

1. Entity Name

ROGER DEAN RACING L.C.

FILED

01 FEB 16 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2090 PALM BEACH LAKES BLVD SUITE 200
WEST PALM BEACH FL 33409

Mailing Address

2090 PALM BEACH LAKES BLVD SUITE 200
WEST PALM BEACH FL 33409

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

65-0696137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, WILLIAM P

2090 PALM BEACH LAKES BLVD SUITE 200
WEST PALM BEACH FL 33409

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 *William P. Miller*

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

(NOTE: Registered Agent signature required when reinstating)

2/12/01
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM MILLER, PARK ☐ Delete
STREET ADDRESS 2090 PALM BEACH LAKES BLVD SUITE 200
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003757637-5
CITY-ST-ZIP -02/23/01--01033--006
****200.00 ****200.00

TITLE NAME MGRM STOMS, GRANT ☐ Delete
STREET ADDRESS 2090 PALM BEACH LAKES BLVD SUITE 200
CITY-ST-ZIP WEST PALM BEACH FL 33409

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

William P. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/8/01 (561) 683-0434

CR2E083 (5/00)