

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L96000001111

1. Entity Name
PECONIC RACING 1996, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:07

Principal Place of Business
529 SOUTH FLAGLER DRIVE
SUITE 4H
WEST PALM BEACH FL 33401

Mailing Address
529 SOUTH FLAGLER DRIVE
SUITE 4H
WEST PALM BEACH FL 33401-5930



2. Principal Place of Business

3. Mailing Address
PO Box 299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sea Cliff NY

Zip

Country

Zip
11579

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0714253

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

CORNACCHIA, JOSEPH
529 SOUTH FLAGLER DRIVE
SUITE 4H
WEST PALM BEACH FL 33401

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CORNACCHIA, JOSEPH
529 SOUTH FLAGLER DRIVE, SUITE 4H
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/4/00 561 920-8837

CR2E083 (9/99)