

# 2000 UNIFORM BUSINESS REPORT (UBR)

0006788 AF

DOCUMENT # **L97000001317**

1. Entity Name  
**SOUTHOLD RACING, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 PM 2: 04

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  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 299**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**SEA CLIFF NY**

4. FEI Number  
**65-6260625**

Applied For  
Not Applicable

Zip  
**11579**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORNACCHIA, JOSEPH  
529 SOUTH FLAGLER DRIVE, SUITE 4H  
WEST PALM BEACH FL 33401**

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.

SIGNATURE \_\_\_\_\_ (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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR CORNACCHIA, JOSEPH 529 SOUTH FLAGLER DRIVE, SUITE 4H WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>500003131405--2 -02/10/00--01087--004 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2/4/00** **561-820-8838**  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER) Date Daytime Phone #

CR2E083 (9/99)