

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000007639**

1. Entity Name  
**DAB LEASING, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

Principal Place of Business      Mailing Address

1801 WEST INTERNATIONAL SPEEDWAY BLVD      1801 WEST INTERNATIONAL SPEEDWAY BLVD  
DAYTONA BEACH FL 32114-1243      DAYTONA BEACH FL 32114-1215



DO NOT WRITE IN THIS SPACE

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  
59-0579570      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNETT, RANDOM R**  
501 NORTH GRANDVIEW AVENUE, THIRD FLOOR  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name  
**CROTTY, W. GARRETT**

Street Address (P.O. Box Number is Not Acceptable)  
1801 W. INTERNATIONAL SPEEDWAY BLVD.

City      State      Zip Code  
DAYTONA BEACH      FL      32114-1243

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]* **W. Garrett Crotty**      5/22/00

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATIONAL ASSOC FOR STOCK CAR AUTO RACING 1801 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114-1243	<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	200003314262--9 -07/06/00--01011--001 *****50.00      *****50.00	<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: *[Signature]*      3/15/00      (904) 253-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR 11 (01) (8/93)