

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016220 AB

**DOCUMENT # M96000000510**  
 1. Entity Name  
 1030 INTERNATIONAL SPEEDWAY BOULEVARD, L.L.C.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 FEB -7 PM 12:30

Principal Place of Business C/O DETLEF G. LEHNARDT 911 MAIN STREET, SUITE 2224 KANSAS CITY MO 64105	Mailing Address C/O DETLEF G. LEHNARDT 911 MAIN STREET, SUITE 2224 KANSAS CITY MO 64068-3519
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 20 Westwoods Drive Suite, Apt. #, etc.  City & State Liberty, MO Zip 64068	Country USA	3. Mailing Address 20 Westwoods Drive Suite, Apt. #, etc.  City & State Liberty, MO Zip 64068	Country USA
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4. FEI Number 43-1765093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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

**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	MGRM ULMER, KONRAD 911 MAIN STREET, #2224, C/O D. LEHNARDT KANSAS CITY MO 64105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 Westwoods Dr., c/o D. Lehnardt Liberty, MO 64068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>mf 02/15/00</i> 200003140062--3 -02/18/00--01085--009 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Konrad Ulmer 1/18/2000 816-407-1400  
 SIGNATURE REQUIRED \_\_\_\_\_ Date Daytime Phone #

CP2E083 (9/99)