

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000552

1. Entity Name
HOMESTEAD-MIAMI SPEEDWAY, LLC

FILED

01 MAR -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE SPEEDWAY BOULEVARD
HOMESTEAD FL 33035

Mailing Address
ONE SPEEDWAY BOULEVARD
HOMESTEAD FL 33035



2. Principal Place of Business

3. Mailing Address

1801 W. Int'l. Speedway Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach, FL

4. FEI Number

65-0770539

Applied For

Not Applicable

Zip

Country

Zip

Country

32114

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

PADGETT, GLENN R ESQ.
1801 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

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 MGRM
STREET ADDRESS PENSKE MOTORSPORTS, INC.
CITY-ST-ZIP 13400 OUTER DRIVE, WEST
DETROIT MI 48239-4001 ☒ Delete

TITLE NAME MGRM
STREET ADDRESS 88 CORP.
CITY-ST-ZIP 1801 W. International Speedway Blvd.
Daytona Beach, FL 32114-1243 ☐ Change ☒ Addition

TITLE NAME MGRM
STREET ADDRESS HUIZENG, WAYNE
CITY-ST-ZIP 200 SOUTH ANDREWS AVE., 6TH FLOOR
FT. LAUDERDALE FL 33301 ☒ Delete

TITLE NAME MGM
STREET ADDRESS Leisure Racing Services, Inc.
CITY-ST-ZIP 450 East Las Olas Boulevard, Suite 1500
Fort Lauderdale, FL 33301 ☐ Change ☒ Addition

TITLE NAME MGRM
STREET ADDRESS MIAMI SPEEDWAY CORP.
CITY-ST-ZIP 1801 WEST INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114-1243 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 500003819375-6
03/08/01 01097-021
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED Controller

1/11/01

(305) 230-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)