

2000 UNIFORM BUSINESS REPORT (UBR)

0016099 AB

DOCUMENT # M97000000727

1. Entity Name

SPEEDWAY SUPERAMERICA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 22 PM 12:10

Principal Place of Business

539 SOUTH MAIN STREET
FINDLAY OH 45840

Mailing Address

539 SOUTH MAIN STREET
FINDLAY OH 45840-3229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1551430

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 MGR
NAME HEMINGER, G R
STREET ADDRESS 539 SOUTH MAIN STREET
CITY-ST-ZIP FINDLAY OH 45840 ☐ Delete

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

TITLE MGR
NAME SURMA, J P
STREET ADDRESS 500 SPEEDWAY DRIVE
CITY-ST-ZIP ENON OH ☒ Delete

TITLE Mgr.
NAME R. G. Becker
STREET ADDRESS 500 Speedway Drive
CITY-ST-ZIP Enon, OH 45323 ☒ Change ☐ Addition

TITLE MGR
NAME PEIFFER, G L
STREET ADDRESS 539 SOUTH MAIN STREET
CITY-ST-ZIP FINDLAY OH 45840 ☐ 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

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 of G. L. Peiffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/14/00

Date

419-421-2960

Daytime Phone #

CR2E083 (9/99)