

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 Mailing Address
539 SOUTH MAIN STREET 539 SOUTH MAIN STREET
FINDLAY OH 45840 FINDLAY OH 45840-3229



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 **31-1551430** Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	HEMINGER, G R	539 SOUTH MAIN STREET	FINDLAY OH 45840	<input type="checkbox"/>
MGR	SURMA, J P	500 SPEEDWAY DRIVE	ENON OH	<input checked="" type="checkbox"/>
MGR	PEIFFER, G L	539 SOUTH MAIN STREET	FINDLAY OH 45840	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
Mgr.	R. G. Becker	500 Speedway Drive	Enon, OH 45323	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *G. L. Peiffer* **Peiffer** Date: 2/14/00 Daytime Phone #: 419-421-2960

CR2E083 (9/99)