2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000727

1. Entity Name

SPEEDWAY SUPERAMERICA LLC



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90003 045 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ļ		•	~	O WE TH						
PRIDLAY OH 45940 2. Principal Place of Business Suite, Api, ii, etc. City & State A. FEI number 31-1551430 Applicable State City & State of Points a State Business of Current Registered Agent City & State of Points a State City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State Business of Registered Agent City & State of Points a State City & State of Points a State City & State of Registered Agent City & State of Registered Age	Principal Plac	e of Business	Mailing Address								
SATIO ADD 1. etc. Suite Apt. #, otc. City & State City & State City & State City & State Country Zip Country Xip Since Address of New Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE: SILAND ROAD PLANTATION FL 33324 City City FL Zip Codo 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Codo 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Codo 8. The above named entity submits the statement for the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the pu				•	ŀ						
SATIO ADD 1. etc. Suite Apt. #, otc. City & State City & State City & State City & State Country Zip Country Xip Since Address of New Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE: SILAND ROAD PLANTATION FL 33324 City City FL Zip Codo 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Codo 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Codo 8. The above named entity submits the statement for the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the purpose of changing its registered Agent special received in the state of the pu	i		•				1801-1808-1888: 1888: 888:18-888:	'I 86 /11 13 (1) 61	HI 15 00 1 800 0		
Cay & Siste City & Siste City & Siste City & Siste Country Co	Principal Place of Business 3. Mailing Address					0 -					
Zip Country Zip Country S. Certificate of Status Depired S. 5.00 Additional Per Applicables 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLANTATION FL 3324 CT C COPPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 CITY FL Zip Code 6. The above named entity submits inis statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tam familier with, and accept the etholgacions of registered agent. SIGNATURE SIGNATURE MARK Check Payable to Thorida Department of State Due by Mary 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PREF MORES BOX SPEEDWAY DRIVE STREET ADDRESS STREE	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
Exp. Country Zip Country S. Certificate of Status Desired \$5.00 Assistment Assistmen	City & State	e	City & State			4. FEI Num	31-155143	30			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City City FL Ztp Code FL Ztp Code FL Ztp Code City FL Ztp Code FL	Zip	Country	Zip Country			5. Certifica	te of Status Desired		\$5.00 Ad	ditional	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Cay 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE The North Pine State of Florida Department of State or Due By May 1, 2003 The State of Pine State or	6. Name and Address of Current Registered Agent					7. Name a	nd Address of New F	registered A	Agent		
PLANTATION FL 33324 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Florida.					e						
E. The above named entity submits and statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent agent and familiar with, and accept the purpose of Points agent agent and familiar with, and accept the purpose of Points agent agent and familiar with, and accept the purpose of Points agent agent and familiar with and accept the purpose of Points agent age	1200	SOUTH PINE ISLAND ROAD	The second second	Stree	Street Address (P.O. Box Number is Not Acceptable)						
B. 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. If am familiar with, and accept the obligations of registered agent. Control	PLAI	NIATION FL 33324									
THE NAME STREET ADDRESS OTTY-ST-ZPP TITLE MGR Delete ADDRESS OTTY-ST-ZPP				City				FL	Zip Cod	e	
NAME			or the purpose of changing its	s registered office	or registere	ed agent, or b	ooth, in the State of Flo	orida. I am i	familiar with,	and accept	
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES MGR. Delete NAME STREET ADDRESS STREET ADR	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig	nature required	when reinstating)		DATE			
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES MGR. Delete NAME STREET ADDRESS STREET ADR			EH E M	OWIL EEE IS	AEO 00	i					
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGR. Delde NAME STREET ADDRESS CITY-ST-2P TITLE MGR			. 1			t of State					
MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES					•	it Di State					
TITLE NAME STREET ADDRESS CITY-ST-ZIP FINDLAY OH 45840 TITLE NAME STREET ADDRESS CITY-ST-ZIP		MANA ONIO MENDI				j!	4.000710110	101444650			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							ADDITIONS	/CHANGES			
STREET ADDRESS CITY-ST-ZIP MGR MGR PEIFFER, G L STREET ADDRESS CITY-ST-ZIP TITLE MGR PEIFFER, G L STREET ADDRESS CITY-ST-ZIP TITLE MGR STREET ADDRESS CITY-ST-ZIP TITLE MGR KENNEY, A.R. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						L Change	L Addition	
CITY-ST-ZIP ENON OH 45323 TITLE MGR PEIFFER, G L STREET ADDRESS CITY-ST-ZIP TITLE MGR PEIFFER, G L STREET ADDRESS CITY-ST-ZIP TITLE MGR KENNEY, A.R. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	J			1	s						
MITLE NAME PEIFFER, G L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1					ú					
NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR KENNEY, A.R. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITI F		☐ Delete	TITLE	 				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP FINDLAY OH 45840 TITLE MGR KENNEY, A.R. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Digitate			1			C ontaings	ר"ד עמוניטיי	
CITY-ST-ZIP	STREET ADDRESS		,	STREET ADDRES	s						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZiP			CITY-ST-ZIP	1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME	Ì					 -	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS		المستعم بالمستعدد المعالم	STREET ADDRES	s-			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	FINDLAY OH 45840	·	CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	•	☐ Delete	TITLE					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE T					s						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	_ 		CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete						☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	1			2					-		
TITLE TITLE TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP					9)					,	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			Delete		}				∐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP					s					,	
	CITY-ST-ZIP			1	-						
		ertify that the information supplied with	n this filling does not qualify fo	r the exemption s	tated in Ser	ction 119 07/3	I)(i), Florida Statutes	I further ceri	tify that the in	nformation	

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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGER, OR AUTHORIZED REPRESENTATIVE