

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90140 027 \*\*\*\*61.25

**DOCUMENT # N00000003236**

1. Entity Name

**FLORIDA RACING.NET INC.**



Principal Place of Business

**3901 IBIS DR.  
ORLANDO FL 32803**

Mailing Address

**3901 IBIS DR.  
ORLANDO FL 32803**

10000012

2. Principal Place of Business

**1433 Brooks Lane**

3. Mailing Address

**1433 Brooks Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Oviedo, FL**

City & State

**Oviedo, FL**

Zip

**32765**

Country

**USA**

Zip

**32765**

Country

**USA**

4. FEI Number **59-3664207**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BUTTAR, ZAHID A  
3901 IBIS DR.  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **Janice Entsminger**

Street Address (P.O. Box Number is Not Acceptable)

**1433 Brooks Lane**

City

**Oviedo**

**FL**

Zip Code  
**32765**

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 *Janice Entsminger*

*Janice Entsminger, Treasurer*

**1/9/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUTTAR, ZAHID A 3901 IBIS DR. ORLANDO FL 32803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REILLY, DAVE 2208 ALLEN LN. WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALMONS, JOHN 717 COACH LIGHT DR. FERN PARK FL 32730</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUXBURY, CRAIG 1250 S. DENNING DR., #213 WINTER PARK FL 32789</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, VINCE 6733 GADWALL LANE ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIPSCOMB, BOB 1831 BIMINI DRIVE ORLANDO FL 32806</b>	<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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice Entsminger*

**1/9/03**

**407-481-9182**

CR2E037 (10/02)