

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90353 015 \*\*\*\*61.25

**DOCUMENT**

1. Entity Name

NO/0000002

Florida Limited Sprint Car Association, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17271 82 Rd N.

Suite/Apt. #, etc.

3. Mailing Address

17271 82 Rd N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

FL 33470

Country

Zip

33470

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gary Gimmier

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

3083 Grove Court

City

Palm Beach Gardens

FL

Zip Code

33410

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)

2-18-02

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President / Director	Gary Gimmier	3083 Grove Court	Palm Beach Gardens, FL 33410				
Vice President / Director / Treasurer	Dean Bartholmew	17271 82 Rd N.	Loxahatchee, FL 33470				
Director / Secretary	Bill Grace	13827 61 Lane N.	West Palm Beach, FL 33412				
<del>Director / Secretary</del>	<del>Bill Grace</del>	<del>13827 61 Lane N.</del>	<del>West Palm Beach, FL 33412</del>				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

2-18-02

561-775-5636

CR2E037B (12/01)