

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

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90108 042 ****61.25

0015449

DOCUMENT # N02000000045

1. Entity Name

CARMICHAEL RACING, INC.



Principal Place of Business

**1561 MACKEREL AVENUE
SARASOTA FL 34237-3107**

Mailing Address

**1561 MACKEREL AVENUE
SARASOTA FL 34237-3107**

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

59-3757655

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

**CARMICHAEL, JOHN M
1561 MACKEREL AVENUE
SARASOTA FL 34237-3107**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25
After September 10, 2003, min will be \$236.25**

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

TITLE	P	☐ Delete
NAME	CARMICHAEL, JOHN M	
STREET ADDRESS	1561 MACKEREL AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237-3107	
TITLE	P	☐ Delete
NAME	CARMICHAEL, JUDITH N	
STREET ADDRESS	1561 MACKEREL AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237-3107	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	☐ Change ☒ Addition
NAME	Deborah Marchbank	
STREET ADDRESS	2043 N. Euclid Ave	
CITY-ST-ZIP	Sarasota FL 34234	
TITLE	M	☐ Change ☒ Addition
NAME	Daryl Geary	
STREET ADDRESS	2535 - 11th Ave W	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	M	☐ Change ☒ Addition
NAME	Tammi Geary	
STREET ADDRESS	2535 - 11th Ave W	
CITY-ST-ZIP	Bradenton FL 34205	
TITLE	D	☐ Change ☒ Addition
NAME	Lisa Berciunas	
STREET ADDRESS	1602 - 10th Ave W.	
CITY-ST-ZIP	Bradenton FL 34205	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/02/03

Date

(941) 366-7494

Daytime Phone #

CR2E037 (4/03)