

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90056 025 *****61.25

DOCUMENT # N02000003054

1. Entity Name

SOUTH FLORIDA RACING ASSOCIATION, INC.



Principal Place of Business

**5620 S.W. 36TH COURT
DAVIE FL 33314**

Mailing Address

**5620 S.W. 36TH COURT
DAVIE FL 33314**

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

38 - 3649358

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHREYS, RICHIE
5620 S.W. 36TH COURT
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **Thomas Howard**

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

7351 W Hwy. 326

City

OCALA

FL

Zip Code

34482

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

Thomas Howard

8-1-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD DELLAIRE, NORMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6521 SCOTT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE NAME	VD HUMPHREYS, RICHIE	<input type="checkbox"/> Delete
STREET ADDRESS	5620 S.W. 36TH COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE NAME	TD HOWARD, SHAWN	<input type="checkbox"/> Delete
STREET ADDRESS	4273 S.W. 51 STREET	
CITY-ST-ZIP	DANIA BEACH FL 33314	
TITLE NAME	SD KNOBLOCK, VALERIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5186 S.W. 90 AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD Thomas Howard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7351 W Hwy 326	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SP Susan Humphreys	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5620 SW 36th COURT	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas Howard

SIGNATURE REQUIRED

8-1-03

954-278-4135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (4/03)