

FILED

Aug 27, 2003 8:00 am
Secretary of State

08-15-2003 90079 048 ****61.25
03-17-2003 91057 030 ****61.25

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

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8/

DOCUMENT # N02000003554

1. Entity Name
FLORIDA KEYS RACING ASSOCIATION, INC.



Principal Place of Business
**100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131**

Mailing Address
**100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131**

55055099

2. Principal Place of Business
809 SAWYER LANE

3. Mailing Address
2121 PONCE DE LEON

Suite, Apt. #, etc.
#1100

City & State
Key West, FL

City & State
Coconut Gables, FL 33134

Zip
33040

Country
USA

Zip
FL

Country
USA

4. FEI Number
68-0505961

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KREITZER, MICHAEL N
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Connie E Ruiz
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD. #1100
City
Coconut Gables, FL Zip Code
33134

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 **Connie E Ruiz Bookkeeper** **Connie E Ruiz** **8/13/2003**

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED** **8/13/03** **305-295-6082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)