

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90071 029 ****61.25

DOCUMENT # N02000007893

1. Entity Name
FLORIDA SIGHTHOUND RACING ASSOCIATION, INC.



Principal Place of Business
**4300 NORTH UNIVERSITY DRIVE
SUITE B-100
LAUDERHILL FL 33351**

Mailing Address
**4300 NORTH UNIVERSITY DRIVE
SUITE B-100
LAUDERHILL FL 33351**

90016272



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-3086913

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINMAN, HEATHER B
4300 NORTH UNIVERSITY DRIVE
SUITE B-100
LAUDERHILL FL 33351**

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

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 **PD** ☐ Delete
NAME **HURLEY, STACEY**
STREET ADDRESS **525 NE 13TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CUMMINS, MICHAEL**
STREET ADDRESS **940 SW 19TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **FEINMAN, HEATHER**
STREET ADDRESS **19874 E. COUNTRY ASSOCIATION DR.**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ Change ☐ Addition
NAME **SD West, Heather**
STREET ADDRESS **8992 SW 59th St.**
CITY-ST-ZIP **Cooper City, FL 33328**

TITLE **TD** ☐ Delete
NAME **PIETRAK, LANCE**
STREET ADDRESS **5310 NE 17TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD Wendy Cummins**
STREET ADDRESS **940 SW 19th St.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Heather Feinman **REQUIRE** **Heather Feinman** **1/27/03** **954-741-2000**

CR2E037 (10/02)