

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90058 048 ****61.25

DOCUMENT # N03000007466

1. Entity Name
SEMINOLE ARES/RACES GROUP, INC.



Principal Place of Business
**EMERGENCY MANAGEMENT
150 BUSH BLVD.
SANFORD, FL 32773**

Mailing Address
**EMERGENCY MANAGEMENT
150 BUSH BLVD.
SANFORD, FL 32773-6179**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0198583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FESS, RICHARD
121 FEATHER EDGE LOOP
LAKE MARY, FL 32746**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 SAUNDERS, JOSHUA
STREET ADDRESS 382 N. GRANT ST
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE T ☒ Delete
NAME ATWOOD, JEFFREY
STREET ADDRESS 612 MAYFAIR DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D ☒ Delete
NAME COPELAND, MARK
STREET ADDRESS 2542 CREEKVIEW CIR
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☒ Delete
NAME BABILLA, DAN
STREET ADDRESS 4640 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE S ☐ Delete
NAME MICHELLE, COPELAND
STREET ADDRESS 2542 CREEKVIEW CIR
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VP ☒ Delete
NAME LAMORE, DOUG
STREET ADDRESS 1937 SHADYHILL TERRACE
CITY-ST-ZIP WINTER PARK, FL 32792

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE T ☒ Change ☐ Addition
NAME LA Peter, Pamela
STREET ADDRESS 7564 GLENMOOR LANE
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D ☒ Change ☐ Addition
NAME Cordeiro, Joe
STREET ADDRESS 1673 CANTERBURY
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D ☒ Change ☐ Addition
NAME LA Peter, AL
STREET ADDRESS 7564 GLENMOOR LANE
CITY-ST-ZIP WINTER PARK, FL 32792

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

TITLE VP ☐ Change ☐ Addition
NAME LUSCUSKIE, BART
STREET ADDRESS 872 LAKE HAYES RD.
CITY-ST-ZIP OVIEDO, FL 32765

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Pamela LaPiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2007

Date

407-671-1056

Daytime Phone #