

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43258

1. Entity Name

PEACE RIVER TRACK CLUB, INC.

Principal Place of Business

4550 CYNTHIA TERRACE  
NORTH PORT FL 34286

Mailing Address

4550 CYNTHIA TERRACE  
NORTH PORT FL 34286-7635

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

65-0273656

Applied For

Not Applicable

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

MORSE, SCOTT D  
4550 CYNTHIA TERRACE  
NORTH PORT FL 34286

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME MORSE, SCOTT  
STREET ADDRESS 4550 CYNTHIA TERRACE  
CITY-ST-ZIP NORTH PORT FL 34286

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

TITLE D ☐ Delete  
NAME MILSTEAD, DARRELL  
STREET ADDRESS 2310 SANDLE WOOD DR  
CITY-ST-ZIP VENICE FL 34293

TITLE VP ☒ Change ☐ Addition  
NAME Darrell Milstead  
STREET ADDRESS  
CITY-ST-ZIP Port Charlotte, FL

TITLE D ☐ Delete  
NAME MOONEY, SUZANNE  
STREET ADDRESS 21319 LEONARD AVE  
CITY-ST-ZIP PT CHARLOTTE FL 33954

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

TITLE VP ☐ Delete  
NAME MOONEY, ROGER  
STREET ADDRESS 21319 LEONARD AVE  
CITY-ST-ZIP PT CHARLOTTE FL 33954

TITLE D ☒ Change ☐ Addition  
NAME Roger Mooney  
STREET ADDRESS 21319 Leonard Ave  
CITY-ST-ZIP Pt. Charlotte, FL 33954

TITLE TD ☐ Delete  
NAME JONES, PAMELA  
STREET ADDRESS 15342 BRIAR RIDGE CR  
CITY-ST-ZIP FT MYERS FL 33912

TITLE TD ☒ Change ☐ Addition  
NAME KRIS RICKERT  
STREET ADDRESS 679 SPRING LAKE BLVD  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE SD ☐ Delete  
NAME MORSE, BETHEMY  
STREET ADDRESS 4550 CYNTHIA TERR  
CITY-ST-ZIP NORTH PORT FL 34286

TITLE D ☒ Change ☐ Addition  
NAME Bethany Morse  
STREET ADDRESS 4550 Cynthia Terrace  
CITY-ST-ZIP North Port, FL 34286

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:

*SKAWANDE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

941-627-0475

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90177 018 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE