## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 24, 2000 8:00 am **DOCUMENT # N46831** 1. Entity Name Secretary of State CURRY-GRICE TRACK CLUB, INC. 02-24-2000 90001 007 \*\*\*\*70.00 Principal Place of Business Mailing Address 3070 HIBISCUS STREET 3070 HIBISCUS STREET MIAMI FL 33133 MIAMI FL 33133-4322 60016044 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 58-2136015 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **CURRY, CAROLYN S** 3070 HIBISCUS STREET **MIAMI FL 33133** 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. C. B. C. W. 水主 SIGNATURE DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOODINE, JACKIE NAME NAME STREET ADDRESS STREET ADDRESS 220 WASHINGTON DR. CITY-ST-ZIP CITY-ST-ZIE CORAL GABLES FL 33132 ☐ Change ☐ Addition ☐ Defete 7171.E VP TITLE SMITH, BRENDA NAME 104 FROW AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33133** ☐ Change ☐ Addition TITLE Delete DUPUCH, PATRICIA NAME STREET ADDRESS STREET ADDRESS 7403 SW 82ND ST 107 NORTH CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33143** ☐ Addition ☐ Change Delete TITLE TITLE CURRY, CAROLYN S NAME NAME STREET ADDRESS STREET ADDRESS 3070 HIBISCUS STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change Addition Delete: TITLE TITLE NAME NAME WINDS, CECELIA STREET ADDRESS STREET ADDRESS 3629 FROW AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Addition ☐ Delete Change **DPAR** TITLE TITLE CURRY, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 3070 HIBISCUS STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33133

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 attackment with an address, with all other like empowered. wan.