

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90159 045 ****61.25

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DOCUMENT # N49948

1. Entity Name

NORTHWEST FLORIDA TRACK CLUB, INC.

Principal Place of Business

POST OFFICE BOX 911
 SHALIMAR FL 32579

Mailing Address

POST OFFICE BOX 911
 SHALIMAR FL 32579

00012306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3123885

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

HORTON, PATTI
207 BAKER AVE.
FT. WALTON BEACH FL 32548

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: PD
 NAME: HORTON, PATTI
 STREET ADDRESS: 207 BAKER AVE
 CITY-ST-ZIP: FT. WALTON BEACH FL 32548 Delete

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

TITLE: VD
 NAME: BROWNFIELD, ROBERT
 STREET ADDRESS: 17 WINFIELD WAY
 CITY-ST-ZIP: MARY ESTHER FL 32569 Delete

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

TITLE: TD
 NAME: CARDOW, BONNIE
 STREET ADDRESS: 46 LONGWOOD DR
 CITY-ST-ZIP: SHALIMAR FL 32579 Delete

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

TITLE: SD
 NAME: COOKMAN, BETHANY
 STREET ADDRESS: 314 CEDAR STREET
 CITY-ST-ZIP: DESTIN FL 32541 Delete

TITLE: Change Addition
 NAME: SD John Wimmers
 STREET ADDRESS: 1004 Coral Drive
 CITY-ST-ZIP: Niceville, FL 32578 Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-13-01** Daytime Phone #: **850 863-4238**

CR2E037 (10/00)