

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90139 013 ****61.25

DOCUMENT # N49948

1. Entity Name

NORTHWEST FLORIDA TRACK CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 911
 SHALIMAR FL 32579

POST OFFICE BOX 911
 SHALIMAR FL 32579

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

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 ~~Edith Levin~~ **Levin, Edith**

Street Address (P.O. Box Number is Not Acceptable)

7 Poplar Ave

City **Shalimar FL**

FL

Zip Code

32579

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 *Edith W Levin*

Edith Levin President

9 JAN 02

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

TITLE **President** Change Addition
 NAME **Levin, Edith**
 STREET ADDRESS **7 Poplar Ave**
 CITY-ST-ZIP **Shalimar, FL 32579**

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

TITLE **Vice President, Director** Change Addition
 NAME ~~Sandra~~ **Eriksson, Sandra**
 STREET ADDRESS **1 Hidden Cove**
 CITY-ST-ZIP **Valparaiso, FL 32580**

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

TITLE **Treasurer** Change Addition
 NAME ~~Memahon, Brian~~
 STREET ADDRESS **12 Mayo Street**
 CITY-ST-ZIP **Hurlburt AFB, FL 32544**

TITLE **SD** Delete
 NAME **WIMMERS, JOHN** *Director*
 STREET ADDRESS **1004 CORAL DR**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **Director** Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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: *Edith W Levin* **Edith Levin, President**

850-657-4900
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)