

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N49948

FILED  
May 01, 2003  
Secretary of State

Entity Name: NORTHWEST FLORIDA TRACK CLUB, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 911  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 911  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-3123885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVIN, EDITH  
7 POPLAR AVE  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEVIN, EDITH  
Address: 7 POPLAR AVE  
City-St-Zip: SHALIMAR, FL 32579

Title: VD ( ) Delete  
Name: EIRIKSSON, SANDRA  
Address: 1 HIDDEN COVE  
City-St-Zip: VALPARAISO, FL 32580

Title: TD ( ) Delete  
Name: MCMAHON, BRIAN  
Address: 12 MAYO STREET  
City-St-Zip: HURLBURT FIELD, FL 32544

Title: D ( ) Delete  
Name: WIMMERS, JOHN  
Address: 1004 CORAL DR  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PONIATOWSKI, KEVIN  
Address: 1725 COLONIAL COURT  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD (X) Change ( ) Addition  
Name: FITZGERALD, CATHY  
Address: 4330 HIDDEN LAKES DRIVE  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LOVE, KIM  
Address: 1791 AUTUMN LANE  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN PONIATOWSKI

PD

05/01/2003

Electronic Signature of Signing Officer or Director

Date