

<b>DOCUMENT # N930000000034</b>	
1. Entity Name	
<b>NAPLES OFF-ROAD RACERS ASSOCIATION, INC.</b>	


Principal Place of Business	Mailing Address
6820 DARBY CT NAPLES FL 34104 US	6820 DARBY CT NAPLES FL 34104 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
RODRIGUEZ, TAMMY 6820 DARBY CT NAPLES FL 34104	

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**  
01-13-2001 90011 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0464619	Applied For
		Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	DUROCHER, JEFFREY	NAME	
STREET ADDRESS	4272 20TH AVE SW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	RODRIGUEZ, DANILO A	NAME	
STREET ADDRESS	6820 DARBY CT	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	DUROCHER, DAN	NAME	
STREET ADDRESS	5131 HEMINGWAY CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	RODRIGUEZ, TAMMY	NAME	
STREET ADDRESS	6820 DARBY CT	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: TAMMY RODRIGUEZ 1/17/01 (941) 352-9021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)