

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000089

1. Entity Name

DAYTONA ELECTRIC AUTO RACERS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90072 006 \*\*\*\*61.25

Principal Place of Business  
DAYTONA ELECTRIC AUTO RACERS  
P.O. BOX 730772  
ORMOND BEACH FL 32174  
US

Mailing Address  
DAYTONA ELECTRIC AUTO RACERS  
P.O. BOX 730772  
ORMOND BEACH FL 32173-0772  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**59-3186435**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
  
**PARSONS, WILLIAM A P.A.**  
**2001 S. RIDGEWOOD AVENUE**  
**S. DAYTONA FL 32119**

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 \_\_\_\_\_  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SCHAFER, TROY	931 SANDCREST DR	PORT ORANGE FL 32127	<input type="checkbox"/>
VPD	SCHAFER, EDWARD	172 ELLISON AVE	NEW SYMRNA BEACH FL 32168	<input type="checkbox"/>
SD	BOEHMLER, RICH	950 CHICKADEE	PORT ORANGE FL 32127	<input type="checkbox"/>
TD	DICK SHAFER	931 SANDCREST DR.	PORT ORANGE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Dick Schaffer* **RECEIVED** *4/28/00* *904 260 6118*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)