

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90049 028 ****61.25

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DOCUMENT # N93000001557

1. Corporation Name

MUSTANG & FORD MOTORSPORTS CLUB, INC.

* 144290 90049 28

Principal Place of Business

2820 MAX SMITH ROAD
LUTZ FL 33549
US

Mailing Address

P O BOX 274062
TAMPA FL 33688
US



2. Principal Place of Business

21 18618 Walker Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/06/1993

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

59-3178684

Applied For

Not Applicable

23 City & State

Lutz, FL.

28 City & State

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

33549

25 Country

Hillsborough

29 Zip

Country

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AMES, DEBRA J
2820 MAX SMITH ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name **Rose M. DIERKING**

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

18618 Walker Rd.

83

84 City **Lutz**

FL

85 Zip Code

33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Rose M. Dierking**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-4-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P ROSENKRANZ, RONALD**
STREET ADDRESS **2702 MOTORSPORTS DR**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ DELETE
NAME **VP BLAIR, ALLAN**
STREET ADDRESS **3511 74TH AVE NO**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ DELETE
NAME **S BLAIR, VIVIAN**
STREET ADDRESS **3511 74TH AVE NO**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ DELETE
NAME **TD WILKINSON, EDWIN**
STREET ADDRESS **7129 DECISION ROAD**
CITY-ST-ZIP **LAND O'LAKES FL**

TITLE ☐ DELETE
NAME **D MILLER, JOEL**
STREET ADDRESS **26360 ROSECRANS ST**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE ☐ DELETE
NAME **D CIESIELSKI, JURGEEN**
STREET ADDRESS **14733 N FLORIDA AVE**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Joel Miller** ☒ Change ☐ Addition
1.2 NAME **26360 Rosecrans St**
1.3 STREET ADDRESS **Brooksville, FL 34602**
1.4 CITY-ST-ZIP

2.1 TITLE **Kim Perdue** ☒ Change ☐ Addition
2.2 NAME **6030 Delano Ave**
2.3 STREET ADDRESS **Tampa, FL 33619**
2.4 CITY-ST-ZIP

3.1 TITLE **Kim Perdue** ☒ Change ☐ Addition
3.2 NAME **6030 Delano Ave**
3.3 STREET ADDRESS **Tampa, FL 33619**
3.4 CITY-ST-ZIP

4.1 TITLE **Rose M. DIERKING** ☒ Change ☐ Addition
4.2 NAME **18618 Walker Rd.**
4.3 STREET ADDRESS **Lutz, FL 33549**
4.4 CITY-ST-ZIP

5.1 TITLE **Alice Rosenkranz** ☒ Change ☐ Addition
5.2 NAME **2702 Motorsports Dr.**
5.3 STREET ADDRESS **Tampa, FL 33619**
5.4 CITY-ST-ZIP

6.1 TITLE **AL MUSSANO** ☒ Change ☐ Addition
6.2 NAME **3529 Autumn Glen Dr**
6.3 STREET ADDRESS **Valrico, FL 33594**
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rose M. Dierking**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99 (813) 949-4172

Date

Daytime Phone #

CR2E037 (11/98)