# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003177 (3)**

1. Corporation Name

**BROWARD COUNTY R.C. RACE CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1699 N.W. 19TH ST.<br>FT. LAUDERDALE FL | 2610 NE 21ST<br>#22<br>POMPANO BEACH FL 33062<br>US |

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: MILLS POND PARK
22: 2201 NW. 9TH AVE
23: FORT LAUDERDALE FL.
24: 33311
25: Country: USA

2a. Mailing Address
26: 1940 N.E. 208 TERR
27: Suite, Apt. #, etc.
28: MIAMI FL
29: 33179
30: Country: USA

4. FEI Number: 65-0418512 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AUGUSTO, EDWARD
2610 NE 21ST ST.
SUITE 102-B
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: DAVID CAPLAN
82 Street Address (P.O. Box Number is Not Acceptable): 1940 NE. 208 TERR.
83:
84 City: MIAMI FL 85 Zip Code: 33179

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: [signature] 2/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CAPLAN, DAVID | | 1.2 NAME | | |
| STREET ADDRESS | 1940 NE 208 TERRACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | CONROY, DAVE | | 2.2 NAME | TERRY KONDAS | |
| STREET ADDRESS | 6814 NW 12 ST. | | 2.3 STREET ADDRESS | 1411 NW 43 ST. | |
| CITY-ST-ZIP | PLANTATION FL | | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AUGUSTO, EDWARD | | 3.2 NAME | | |
| STREET ADDRESS | 2610 NE 21ST | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VIC, GREG | | 4.2 NAME | | |
| STREET ADDRESS | 1000 W. MCNAB ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEAN, GARY | | 5.2 NAME | | |
| STREET ADDRESS | 2451 SW 86 AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUSSELL, KEITH | | 6.2 NAME | | |
| STREET ADDRESS | 7321 W. LAKE DR. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. PLAM BEACH FL | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** [signature] 2/1/96 (305) 635-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)