

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003177

1. Entity Name

BROWARD COUNTY R.C. RACE CLUB, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90165 022 ****61.25

0039958

Principal Place of Business MILLS POND PARK 2201 NW 9TH AVE FT. LAUDERDALE FL 33311 US		Mailing Address 13310 MUSTANG TRAIL SUNSHINE RANCHES FL 33330 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0418512		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAPLAN, DAVID 11037 S.W. 40TH CT. DAVIE FL 33328		7. Name and Address of New Registered Agent Name: DAVID CAPLAN Street Address (P.O. Box Number is Not Acceptable): 13310 MUSTANG TRAIL City: SUNSHINE RANCHES FL Zip Code: 33330	



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KONDAS, TERRY 1411 NW 43 ST FORT LAUDERDALE FL 33309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCORMICK, PHILLIP 107 SAN NEMO BLVD FT. LAUDERDALE, FL 33068 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, PHILLIP 107 SAN NEMO BLVD FT-LAUDERDALE FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, KEITH 2885 NW 69TH AVE MARGATE, FL 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, KEITH 7321 W. LAKE DR. W. PALM BCH. FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOGGESS, DON 5221 NW 96TH AVE SUNRISE, FL 33351 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOGGESS, LINDA 11471 NW 30 PL SUNRISE FL 33323 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERILO, RALPH 5131 NW 31 ST MARGATE, FL 33063 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICK, GREG PO BOX 1857 DANIA FL 33004 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELA, MICHAEL 7816 SW 7TH PL N. LAUDERDALE, FL 33068 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSTED, BOB 3971 NW 108 DR CORAL SPRINGS FL 33065 ☒ Delete	TITLE NAME STREET ADDRESS 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (4/02)