

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91036 029 ****61.25

DOCUMENT # N93000003177

1. Entity Name

BROWARD COUNTY R.C. RACE CLUB, INC.



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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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
13310 MUSTANG TRAIL
SUNSHINE RANCHES FL 33330**

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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DELAY, MICHAEL**
STREET ADDRESS **7816 SW 7TH PL**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE **VPD** ☐ Delete
NAME **MCCORMICK, PHILLIP**
STREET ADDRESS **107 SAN NEMO BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33068**

TITLE **T** ☐ Delete
NAME **RUSSELL, KEITH**
STREET ADDRESS **2885 NW 69TH AVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **S** ☐ Delete
NAME **BOGGESS, DON**
STREET ADDRESS **5221 NW 96TH AVE**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☒ Delete
NAME **VICK, GREG**
STREET ADDRESS **PO BOX 1857**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **D** ☐ Delete
NAME **PERILLO, RALPH**
STREET ADDRESS **5131 NW 31ST STREET**
CITY-ST-ZIP **MARGATE FL 33063**

11. DIRECTORS ADDS TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BOB DINGLEY**
STREET ADDRESS **13438 SW 23RD ST.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 (305) 635-4555