

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003028

1. Entity Name

FOCUS TRACK CLUB, INC.

Principal Place of Business

4652 VERGARA CT
ORLANDO FL 32811
US

Mailing Address

4613 HARNESS COURT
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOLLIS, PAMELA R
4613 HARNESS COURT
ORLANDO FL 32818

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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
After September 12, 2001, 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

TITLE PD
NAME HOLLIS, PAMELA
STREET ADDRESS 3 BRENTWOOD OAKS CT
CITY-ST-ZIP WOODLANDS TX 77381 ☐ Delete

TITLE PD
NAME HOLLIS, KENNETH
STREET ADDRESS 3 BRENTWOOD OAKS CT
CITY-ST-ZIP WOODLANDS TX 77381 ☐ Delete

TITLE VD
NAME FLUELLEN, BERNADETTE
STREET ADDRESS 4652 VERGARA COURT
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE S
NAME JACKSON, PEGGY
STREET ADDRESS 1625 SOUTH BEULAH ROAD
CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Hollis, Pamela
STREET ADDRESS 4613 Harness Court
CITY-ST-ZIP Orlando, FL 32818 ☒ Change ☐ Addition

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

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

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

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

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

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 REQUIRED

9/19/01

11/17/2001-2001/2

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90047 009 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)