

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003143

1. Entity Name

THE FLORIDA MINIATURE HARNESS RACING CLUB, INC.

Principal Place of Business

7255 W. HIGHWAY 329
REDDICK FL 32686
US

Mailing Address

1154 SE 95TH STREET
OCALA FL 34480-7883
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-3256209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSH, FLORENCE M.
1154 SE 95TH ST
OCALA FL 34480

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

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 VPT
NAME BALLESTER, HENRY
STREET ADDRESS 5430 COUNTRY RD 634 SOUTH
CITY-ST-ZIP BUSHNELL FL 33513 ☒ Delete

TITLE VICE PRESIDENT
NAME LEE R. RUSH
STREET ADDRESS 1154 SE 95 STREET
CITY-ST-ZIP Ocala, FL 34480 ☐ Change ☒ Addition

TITLE PT
NAME RAY, GAYLE
STREET ADDRESS 4100 NE 135TH ST
CITY-ST-ZIP ANTHONY FL 32617 ☐ Delete

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

TITLE ST
NAME BALLESTER, HOLLY
STREET ADDRESS 5430 COUNTY ROAD 634 SOUTH
CITY-ST-ZIP BUSHNELL FL 33513 ☒ Delete

TITLE SECRETARY
NAME JOSH BROWN
STREET ADDRESS 13329 NE 38 AVE
CITY-ST-ZIP SPARR, FL 32192 ☐ Change ☒ Addition

TITLE T
NAME RUSH, FLORENCE
STREET ADDRESS 1141 N OCEAN RD
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Florence M. Rush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (352) 854-7117
Date Daytime Phone #

A0009843



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)