

DOCUMENT # N94000005073

1. Entity Name

FORT MYERS BEACH OFFSHORE GRAND PRIX, INC.

Principal Place of Business

Mailing Address

17200 SAN CARLOS BLVD.
FT. MYERS BEACH FL 3393117200 SAN CARLOS BLVD.
FT. MYERS BEACH FL 33931-5306**FILED****00 MAR -6 AM 9:29**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

65-0553485

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

WHALEY, THOMAS G
17200 SAN CARLOS BLVD.
FT. MYERS BEACH FL 33931

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 | PD | <input type="checkbox"/> Delete |
| NAME | BEASLEY, ROBERT D | |
| STREET ADDRESS | 17200 SAN CARLOS BLVD | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | |

| | | |
|----------------|---------------------------|--|
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YVONNE HIGHTILL | |
| STREET ADDRESS | 17200 SAN CARLOS BLVD | |
| CITY-ST-ZIP | FT. MYERS BEACH, FL 33931 | |

| | | |
|----------------|-----------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | HAUSER, BARBARA | |
| STREET ADDRESS | 17200 SAN CARLOS BLVD | |
| CITY-ST-ZIP | FORT MYERS BEACH FL | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WHALEY, THOMAS G D | |
| STREET ADDRESS | 17200 SAN CARLOS BLVD. | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KISSEL, WALTER D | |
| STREET ADDRESS | 17200 SAN CARLOS BLVD. | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

941-369-0788

Date

Daytime Phone #

CR2E037 (9/99)