

2002 UNIFORM BUSINESS REPORT (UBR)

4/7/0

FILED
May 29, 2002 8:00 am
Secretary of State

04-07-2002 90059 039 ****61.25

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 33931

17200 SAN CARLOS BLVD.
 FT. MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 **Yvonne Highfill**
 Street Address (P.O. Box Number is Not Acceptable)
16310-1 SAN CARLOS BLVD
 City **FT MYERS** FL Zip Code **33908**

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 *Yvonne Highfill* **YVONNE HIGHFILL TREASURER**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIGHTILL, YVONNE 16310-1 SAN CARLOS BLVD. FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAUSEN, DEAN R D 16310-1 SAN CARLOS BLVD. FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILANO, BOB 5370 CONGO CT CAPE CORAL FL 33904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D HIGHTILL, YVONNE 16310-1 SAN CARLOS BLVD FT MYERS FL 33908	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WOOD, MARC D 12730 NEW BRITAIN BLVD STE 434 FT MYERS FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D ROBIN CALABRESE 2910 SW 29th AVE CAPE CORAL FL 33914	☐ 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: *Yvonne Highfill* **YVONNE HIGHFILL** 3/28/02 941-454-2772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)