

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90111 007 *****61.25

DOCUMENT # N94000005692

1. Entity Name

AUTO RACING LEGENDS, INC.

Principal Place of Business

1235 PAGANO COURT
PORT ORANGE FL 32119

Mailing Address

P.O. BOX 10318
DAYTONA BEACH FL 32120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3302794

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOLLMAN, DONNA DELELLO
1235 PAGANO COURT
PORT ORANGE FL 32119

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

Donna Delello Wollman *Donna Delello Wollman* *2/3/02*

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 DS ☐ Delete
NAME WOLLMAN, DONNA D
STREET ADDRESS 1235 PAGANO COURT
CITY-ST-ZIP PORT ORANGE FL 32119

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

TITLE D ☐ Delete
NAME WALSH, JOHN
STREET ADDRESS 36 ORMOND SHORES DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32176

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

TITLE DV ☒ Delete
NAME MATTHEWS, GEORGE
STREET ADDRESS 5647 ROGERS AVE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D Vice President ☐ Change ☒ Addition
NAME Michael Anderson
STREET ADDRESS 813 E 80th Ave
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE D ☒ Delete
NAME KRETZER, JOHN R
STREET ADDRESS 524 S. BEACH STREET APT 202
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D Treasurer ☐ Change ☒ Addition
NAME GERALDINE Barberie
STREET ADDRESS 4047 Bruner Road
CITY-ST-ZIP Daytona Beach, FL 32129

TITLE D ☐ Delete
NAME SUCKOW, DOLORES
STREET ADDRESS 170 N. YONGE STREET
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D - Vice President ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Donna Delello Wollman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/02 386-760-9587
Date Daytime Phone #

CR2E037 (9/01)