

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

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**



04082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3302794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLLMAN, DONNA DELELLO
1235 PAGANO COURT
PORT ORANGE, FL 32119**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donna Delello Wollman *No changes* *4/7/04*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000110678
04/12/04-80092-021 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
ROHLFS, MARIE
38 SUNNY BEACH DR
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MASON, JERRY
1507 OLD KINGS RD
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
ANDERSON, MICHAEL
813 E 80TH AVE
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
MADSEN, NORMAN
119 WHITE FAWN DR
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WOLLMAN, JAMES L
1235 PAGANO COURT
PORT ORANGE, FL 32129**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

James L. Wollman *James L. Wollman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04 *(386)* *760-9587*