

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004709

1. Entity Name

SOUTH FLORIDA MOTORSPORTS COMPLEX HOST COMMITTEE

Principal Place of Business

43 NORTH KROME AVENUE
2ND FLOOR
HOMESTEAD FL 33030
US

Mailing Address

P.O BOX 900717
HOMESTEAD FL 33090-0717
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

65-0615744

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

PIERCE, JAMES R JR
48 N.E. 15 ST
HOMESTEAD FL 33030

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 P
NAME OLESON, REX R
STREET ADDRESS 31850 SW 195 AVE
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE PD
NAME Le Boeuf, Wayne
STREET ADDRESS 1900 N. Krome Ave
CITY-ST-ZIP Homestead, FL 33030 ☐ Change ☒ Addition

TITLE VP
NAME JENSEN, MEDA
STREET ADDRESS 18640 SW 295 TER
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

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

TITLE S
NAME KUSNIR, TAMI
STREET ADDRESS 755 SW 5TH ST
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

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

TITLE D
NAME OLESON, REX
STREET ADDRESS 31850 SW 195 AVE
CITY-ST-ZIP HOMESTEAD FL ☒ Delete

TITLE D
NAME Coker, John
STREET ADDRESS 29200 Old Dixie Hwy
CITY-ST-ZIP Homestead, FL 33033 ☐ Change ☒ Addition

TITLE TD
NAME JENSEN
STREET ADDRESS 160 US HWY 1
CITY-ST-ZIP FLORIDA CITY FL ☒ Delete

TITLE TD
NAME Peterson, Kurt
STREET ADDRESS 22595 SW 252 St.
CITY-ST-ZIP Homestead, FL 33031 ☐ Change ☐ Addition

TITLE D
NAME JONES, GEORGINA
STREET ADDRESS 31 OCEAN REEF DR. A101
CITY-ST-ZIP KEY LARGO FL 33037 ☐ 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:

W. J. L. R. R.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2000
Date

(305)
248-0976
Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90147 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/00)