

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90070 023 ****61.25

DOCUMENT # N95000004709

1. Entity Name

**SOUTH FLORIDA MOTORSPORTS COMPLEX HOST COMMITTEE
 , INCORPORATED**

Principal Place of Business

Mailing Address

**43 NORTH KROME AVENUE
 2ND FLOOR
 HOMESTEAD FL 33030
 US**

**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 **C** ☐ Delete
 NAME **FERRARE, JIM**
 STREET ADDRESS **27241 SW 137TH CT**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **C** ☐ Change ☐ Addition
 NAME **FERRARE, JIM**
 STREET ADDRESS **27241 S.W. 137TH CT**
 CITY-ST-ZIP **HOMESTEAD, FL 33031**

TITLE **VC** ☐ Delete
 NAME **CASTANERA, TONY**
 STREET ADDRESS **12855 SW 81ST AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VC** ☐ Change ☐ Addition
 NAME **CASTANERA, TONY**
 STREET ADDRESS **12855 S.W. 81ST AVE**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **S** ☒ Delete
 NAME **KUSNIR, TAMI**
 STREET ADDRESS **30318 SW 158 PL**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **S** ☐ Change ☐ Addition
 NAME **JONES, GEORGINA**
 STREET ADDRESS **31 OCEAN REEF DR.**
 CITY-ST-ZIP **KEYLARGO, FL 33037**

TITLE **T** ☒ Delete
 NAME **GRUBE, LEE**
 STREET ADDRESS **1600 S. GOLDENEYE LA**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **T** ☐ Change ☐ Addition
 NAME **DOHERTY, CHRIS**
 STREET ADDRESS **29120 SO. FEDERAL HWY**
 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **D** ☐ Delete
 NAME **COKER, JOHN E**
 STREET ADDRESS **16380 SW 288TH ST**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE **D** ☐ Change ☐ Addition
 NAME **COKER, JOHN E**
 STREET ADDRESS **16380 S.W. 288TH ST**
 CITY-ST-ZIP **HOMESTEAD, FL 33033**

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

TITLE **D** ☐ Change ☐ Addition
 NAME **TINDALL, STEPHANIE**
 STREET ADDRESS **18350 S.W. 264TH ST**
 CITY-ST-ZIP **HOMESTEAD, FL 33031**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)