2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 27, 2002 8:00 am ³ Secretary of State DOCUMENT # N9500005297 1. Entity Name FLORIDA OCEAN RACING ASSOCIATION, INC. 03-27-2002 90087 010 ****61.25 Principal Place of Business ... Mailing Address 4320 GANDY BLVD. 4320 GANDY BLVD. TAMPA FL 33611 ... TAMPA FL 33611 2. Principal Place of Business 3. Mailing Address 5414 N. 56 Th Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEl Number Applied For City & State 59-3340942 AMDA Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 10-200 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name dress (P.O. Box Number is Not Acceptable) PATSKO, JOSEPH T 300 SOUTH HYDE PARK AVENUE TAMPA FL 33606 3610-200 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PTD Change ☐ Addition ☐ Delete TITLE TITLE vellenga, dennis NAME . NAME 5414 N. 56 TH ST. 4320 GANDY BLVD. STREET ADDRESS STREET ADDRESS TAMPA, FL. 33610-2001 **TAMPA FL 33611** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE PATSKO, JOSEPH T NAME NAME 16113 CONDOVER COURT STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RACKER, ED NAME NAME 1142 FOX CHAPEL DRIVE STREET ADDRESS STREET ADDRESS st Petersburg Fl. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP 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