## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 18 1997 8:00am

Secretary of State

Change

Change

Change

Addition

☐ Addition

☐ Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1997 |  |
|------|--|
|      |  |

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

N96000005317 (0) DOCUMENT #

| TAMPA B | BAY AREA | RACING | ASSOC | INC. |
|---------|----------|--------|-------|------|
|---------|----------|--------|-------|------|

| Principal Place  | Place of Business Mailing Address                    |   |                                      |                             | 1 1121/1121         |   |                            |                    |                |
|--|--|---|--------------------------------------|-----------------------------|---------------------|---|----------------------------|--------------------|----------------|
| 7815 COMMERCE ST 7815 COMMERCE ST RIVERVIEW FL 33569 RIVERVIEW FL 33569-4391 |  |   |                                      |                             |                     |   |                            |                    |                |
|  |  |   |                                      |                             |                     | 3. Date Incorp<br>10/15                       | orated or Qualified /1996  | 3a. Date of Last   | Report         |
| 2. Principal P   | al Place of Business 2a. Mailing Address             |   |                                      | 4. FEI Number               |                     | A   | pplied For                 |                    |                |
| 21   | 26   |   |                                      | 59-3408061 Not Applica      |                     |   |                            |                    |                |
| Sulte, Apt   | #, etc.  | Suite, Apt. #, etc.                                       |                                      |                             | 5 Cortificate o     | of Status Dosired                             |                            | Additional         |                |
| 22   |  | 27  |                                      |                             |                     | 5. Certificate of Status Desired Fee Required |                            |                    |                |
| City & State   | 9  | City i  | S State                              |                             |                     | 6. Election Campaign Financing \$5.00 May Be  |                            |                    |                |
| 23   |  | 28  |                                      |                             |                     | Trust Fund                                    | Contribution               | LJ Added           | to Fees        |
| Zip  | Country  | ·   |                                      | Countr                      | ry                  |   | ation has liability for in |                    | s. 199.032,    |
| 24   | 25   | 29  |                                      | 30                          |                     | Florida State                                 |                            | Yes No             |                |
| <u></u>  | 9. Name and Addres                                   | s of Current Registered                                   | Agent                                |                             | 41                  | 10. Name and                                  | Address of New Reg         | istered Agent      |                |
| 1 .  | ı  |   |                                      | 8.                          | 1 Name              | Neal B.                                       | Hartley                    |                    |                |
| REHM, C  |  |   |                                      | 83                          | 2 Street A          | ddress (P.O. Box Nun                          |                            | e)                 |                |
| 7815 CC  | MMERCE ST  |   |                                      |                             | <u> </u>            | 7815 COM-                                     | ierce St.                  |                    |                |
| RIVERVI  | EW FL 33569  |   |                                      | 83                          | 3                   |   |                            |                    |                |
|  |  |   |                                      | 84                          | 1 City n            |   |                            | <b> 85</b> Zip     | Code           |
|  |  |   |                                      |                             |                     | lverview                                      |                            | - FF   3           | 3569           |
| 11. Pursuant   | to the provisions of Secti                           | ons 617.0502 and 617.150                                  | 08, Florida Statute                  | s, the abo                  | un named o          | organian submits th                           | is statement for the pu    | rpose of changing  | its registered |
| agent. La  | egistered agent, or born,<br>im amilia with and a ce | in the State of Florida. Suppt are obligations of Section | on change was a<br>ion 617.0503, Flo | iumonzea i<br>orida Statuti | ay ina corpo<br>Bs. | oration's board or dire                       | ctors. I hereby accept     | tine appointment a | s registereti  |
| SIGNATURE  | Mel B. Ha  | July No   |                                      | rtley                       |                     |   |                            | 4130197            |                |
| SIGHATORE.   | Signature, typed or printed name                     | of registered agent and tille it applic                   |                                      | : Register d A              | gent signature re   | equired when reinstating)                     |                            | DATE               |                |
| 12.  | OF   | FICERS AND DIRECTORS                                      |                                      | 13.                         |                     |   | CHANGES TO OFFIC           |                    |                |
| TITLE  |  |   | DELETE                               | 1.1 TITLE                   |                     | President - D                                 |                            | Change             | ☐ Addition     |
| NAME   |  |   |                                      | 1.2 NAM8                    | :                   | Don Rehm                                      |                            |                    |                |
| STREET ADDRESS   |  |   |                                      | 1.3 STREI                   | ET ADDRESS          | 7815 Commerce                                 |                            |                    |                |
| CITY-ST-ZIP  |  |   |                                      | 1.4 CITY-                   | ST-ZIP              | Riversiew, FL                                 | 33569                      |                    |                |
| TITLE  |  |   | ☐ DELETE                             | 21 TITLE                    |                     | Vice President                                |                            | ☐ Change           | ☐ Addition     |
| NAME   |  |   |                                      | 2.2 NAME                    | .                   | Taylor Andrew                                 | \$                         |                    |                |
| STREET ADDRESS   |  |   |                                      | 2.3 STREE                   | ET ADDRESS          | 7815 COMMER                                   | e St.                      |                    |                |
| CITY-ST-ZIP  |  |   |                                      | 2. 4 CITY                   | -SI-Z(P             | Rivervious FL                                 | 33569                      |                    | İ              |
| TITLE  |  |   | DELETE                               | 3.1 TITLE                   |                     | Secretary - D                                 | )                          | ☐ Change           | Addition       |
| NAME   |  |   |                                      | 3.2 NAME                    |                     | Bo Hartley                                    | _                          |                    |                |
| STREET ADDRESS   |  |   |                                      | 3.3 STREE                   | ET ADDRESS          | 7815 COMMERCE                                 | est.                       |                    |                |
| CITY-ST-ZIP  |  |   |                                      | 3.4. DITY                   | -SI-ZIP             | Riverview, FL                                 | 33569                      |                    |                |
|  | <del></del>  |   | ·                                    |                             |                     |   |                            |                    |                |

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that tam 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 12 or Block 13 if changed, or on my attachment with an address.

4.1 TITLE

4. 2 NAME

51 THLE 5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 54 CITY-ST-ZIP

6.3 STREET ADDRESS

4 4 CITY-ST-ZIP

DELETE

DELETE

DELETE

Treasurer - D

Riverview, FL

7815 commerce St.

33569

Ann Rehm