


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90094 029 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005317**

1. Corporation Name

**TAMPA BAY AREA RACING ASSOC., INC.**

Principal Place of Business

7815 COMMERCE ST  
 RIVERVIEW FL 33569

Mailing Address

7815 COMMERCE ST  
 RIVERVIEW FL 33569



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3408061
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**HARTLEY, NEAL B.**  
 7815 COMMERCE ST.  
 RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name **DONALD C. REHM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7815 COMMERCE ST**  
 83  
 84 City **RIVERVIEW** FL 85 Zip Code **33569**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donald C. Rehm*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-7-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHM, DON	1.2 NAME	
STREET ADDRESS	7815 COMMERCE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, TAYLOR	2.2 NAME	DON Heckman
STREET ADDRESS	7815 COMMERCE ST.	2.3 STREET ADDRESS	10260 Bahama Dr
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Charles Ridge, FL 33189
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, BO	3.2 NAME	Doris Brady
STREET ADDRESS	7815 COMMERCE ST.	3.3 STREET ADDRESS	P.O. Box 56
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	Wimauma, FL 33598
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHM, ANN	4.2 NAME	
STREET ADDRESS	7815 COMMERCE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald C. Rehm*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-7-99 (813) 677-2326**  
 Date Daytime Phone #

CR2E037 (1/98)