

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005317

1. Entity Name

TAMPA BAY AREA RACING ASSOC., INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90010 025 ****61.25

Principal Place of Business

Mailing Address

7815 COMMERCE ST
RIVERVIEW FL 33569

7815 COMMERCE ST
RIVERVIEW FL 33569-4391

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408061

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REHM, DONALD C
7815 COMMERCE ST.
RIVERVIEW FL 33569

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	PD	<input type="checkbox"/> Delete
NAME	REHM, DON	
STREET ADDRESS	7815 COMMERCE ST.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HECKMAN, DON	
STREET ADDRESS	10260 BAHAMA DR	
CITY-ST-ZIP	CHOTEA RIDGE FL 33189 Cutler Ridge	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRADY, DORIS	
STREET ADDRESS	P.O. BOX 56	
CITY-ST-ZIP	WIMAMUMA FL 33598 Wimauma	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REHM, ANN	
STREET ADDRESS	7815 COMMERCE ST.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required* REHM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 (813) 677-7326

Date

Daytime Phone #

CR2E037 (9/99)