

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005317

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3408061

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

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 NAME PD  
STREET ADDRESS REHM, DON  
CITY-ST-ZIP 7815 COMMERCE ST.  
RIVERVIEW FL 33569 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME VPD  
STREET ADDRESS HECKMAN, DON  
CITY-ST-ZIP 10260 BAHAMA DR  
CUTLER RIDGE FL 33189 ☒ Delete

TITLE NAME VPD  
STREET ADDRESS NORMAN HUNTLEY  
CITY-ST-ZIP 6608 PLOVER CT.  
SEFFNER, FL 33584 ☐ Change ☒ Addition

TITLE NAME SD  
STREET ADDRESS BRADY, DORIS  
CITY-ST-ZIP P.O. BOX 56  
WIMAMUMA FL 33598 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME TD  
STREET ADDRESS REHM, ANN  
CITY-ST-ZIP 7815 COMMERCE ST.  
RIVERVIEW FL 33569 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Ann Rehm* TREASURER 1/24/01 (813) 677-7326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90207 019 \*\*\*\*61.25

A001538Z



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)