## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie REGIANIO

## FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # N9700006225 1. Entity Name IN TIMATE FLYFRS TRACK CLUB, INC. 05-02-2000 90006 015 \*\*\*\*61 25 Principal Place of Business Mailing Address 9880 S.W. 1ST STREET 9880 S.W. 1ST STREET PLANTATION FL 33324 PLANTATION FL 33324-2312 2. Principal Place of Business 3. Mailing Address 87th Terr 461 NW 87+4 461 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ot Applied For 4. FEI Number FL Plantation 31-1589794 Not Applicable \$8.75 Additional 3332Y 5. Certificate of Status Desired 33324 USA V5A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John Guarino Street Address (P.O. Box Number is Not Acceptable) **GUARINO, JOHN** 9880 S.W. 1ST ST. 87H NW 461 PLANTATION FL 33324 Zip Code 33324 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE Guarino , John **GUARINO, JOHN** NAME NAME 461 NW 87th Terr STREET ADDRESS STREET ADDRESS 9880 S.W. 1ST ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 S/D Delete TITLE ☐ Addition TITLE WRIGHT, PAULINE NAME NAME STREET ADDRESS STREET ADDRESS 3837 N.W. 26TH ST. CITY-ST-ZIP CITY-ST-7IP LAUDERDALE LAKES FL 33311 □ Change ☐ Addition Delete TITLE TITLE T/D NAME NAME DUNCAN, SONIA STREET ADDRESS STREET ADDRESS 2580 N. UNIV. DR. CITY-ST-7IP CITY-ST-ZIP SUNRISE FL 33322 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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