

2001 UNIFORM BUSINESS REPORT (UBR)

4/19

FILED
May 22, 2001 8:00 am
Secretary of State

04-19-2001 90336 025 ****61.25

DOCUMENT # N98000000051

1. Entity Name

CALDER RACE COURSE EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

21001 NW 27 AVE
 MIAMI FL 33056

21001 NW 27 AVE
 MIAMI FL 33056

45676

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

31-1586608

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

BREWTON, WILBUR E
225 S ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301

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
 STREET ADDRESS
 CITY-ST-ZIP
PD
DUNN, C. KENNETH
21001 NW 27 AVE
MIAMI FL 33056

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
ABES, MICHAEL
21001 NW 27 AVE
MIAMI FL 33056

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
LOGAN, WILLIE F
490 OKA LOCKA BLVD, #21
OKA LOCKA FL 33054-3563

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
Randall Seth
21001 NW 27 Ave
Miami FL 33056

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

Michael D. Abes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Abes

4/6/01

(305) 625-1311

Date

Daytime Phone #

CR2E037 (10/00)