

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000000051

1. Entity Name  
CALDER RACE COURSE EDUCATION FOUNDATION,  
INC.



Principal Place of Business

21001 NW 27 AVE  
MIAMI, FL 33056

Mailing Address

21001 NW 27 AVE  
MIAMI, FL 33056



02122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000056000  
02/18/04-80033-001 61.25

10. OFFICERS AND DIRECTORS

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

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

TITLE D  
NAME SOTH, RANDALL  
STREET ADDRESS 21001 NW 27 AVENUE  
CITY-ST-ZIP MIAMI, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 2/12/04

Date

305-625-1311  
Daytime Phone # X 3222