

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002427

1. Entity Name

FLORIDA MOTOR SPORTS HALL OF FAME, INC.

Principal Place of Business

1831 26 STREET NO
ST PETERSBURG FL 33713

Mailing Address

1831 26 STREET NO
ST PETERSBURG FL 33713

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

59-3603000

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

RUDENIS, FLORA
1831 26 STREET NO
ST PETERSBURG FL 33713

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	RUDENIS, DAVID	
STREET ADDRESS	1831 26 STREET NO	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GATES, GARY	
STREET ADDRESS	2911 4TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, RON	
STREET ADDRESS	7035 60TH WAY	
CITY-ST-ZIP	PINELLAS PARK FL 34665	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, CHARLES	
STREET ADDRESS	5046 71ST LANE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 34666	
TITLE	Flora Rudenis Sec	<input type="checkbox"/> Delete
NAME	6036 - 66TH Terr. No	
STREET ADDRESS	Pineellas Park FL 33781	
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 See
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90098 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)