

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007337

1. Entity Name

FAST FORWARD TRAK CLUB, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90126 005 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P.O. BOX 10305  
 ST. PETERSBURG FL 33733-0305

P.O. BOX 10305  
 ST. PETERSBURG FL 33733-0305

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

59-3550490

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

OCHOA, MARIA  
 4584 10TH AVENUE NORTH  
 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 ☐ Delete  
 NAME HOGANS, LORENZO S  
 STREET ADDRESS 2600 CASILLA WAY SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

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

TITLE VD ☐ Delete  
 NAME COVINGTON, GISELA  
 STREET ADDRESS 2675 22ND AVE SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

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

TITLE VD ☐ Delete  
 NAME PARKER, ARELIA  
 STREET ADDRESS 6880 16TH WAY SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

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

TITLE TD ☐ Delete  
 NAME WANSLEY, MICHAEL  
 STREET ADDRESS 5471 17TH WAY SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

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

TITLE ATD ☐ Delete  
 NAME WILLIAMS, GLENDA  
 STREET ADDRESS 1701 66TH AVENUE SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE ASD ☐ Change ☒ Addition  
 NAME Sherry Oliver  
 STREET ADDRESS 714 61st Avenue South  
 CITY-ST-ZIP St. Pete., FL 33705

TITLE SD ☐ Delete  
 NAME OCHDA, MARIA  
 STREET ADDRESS 4584 10 AVENUE NORTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE ☒ Change ☐ Addition  
 NAME OCHOA, MARIA  
 STREET ADDRESS 5480-B LYNN LAKE DRIVE SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

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:

*Maria Ochoa* MARIA OCHOA 4/24/00 727/8246641  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)