## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 14, 2001 8:00 am DOCUMENT # N99000004373 **Secretary of State** 1. Entity Name HOMESTEAD MIAMI'SPEEDWAY VOLUNTEER, ASOC., INC. 03-14-2001 90212 003 \*\*\*\*61.25 Mailing Address Principal Place of Business 660 SE 4TH AVE 660 SE 4TH AVE POMPANO FL 33060 POMPANO FL 33060 -3. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0938376 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RICKER, ROBERT 660 SE 4TH AVE POMPANO FL 33060 City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete ■ Addition NAME SCHOLLMEYER, JAMES NAME chollmeyer STREET ADDRESS STREET ADDRESS 12020 SW 110 ST CIR E CITY-ST-ZIP CITY-ST-ZIP 33186 **MIAMI FL 33186** Delete TITLE TITLE 🛣 Change ☐ Addition NAME LIGHTFOOT, ROBERT NAME STREET ADDRESS STREET ADDRESS 29350 SW 144 AVE CITY-ST-ZIP-CITY-ST-ZIP -MIAMI FL 33033 ☐ Change TITLE ☐ Delete TITI F ☐ Addition FIALLO, FRED STREET ADDRESS STREET ADDRESS 8141 SW 36 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 TITLE ☐ Delete TITLE - Addition NAME RICKER, PATRICIA NAME STREET ADDRESS 660 SE 4TH AVE STREET ADDRESS CITY-ST-2IP POMPANO BÉACH FL 33060 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change **Addition** TITLE Delete 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 changed, or on an attachment with an address, with all other like empowered.