

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90099 029 \*\*\*158.75

**DOCUMENT # P00000025146**

1. Entity Name

**EVERGLADES MOTORSPORTS PARK, INC.**

Principal Place of Business

Mailing Address

**19920 FREEMAN DRIVE  
N. FT. MYERS FL 33917****19920 FREEMAN DRIVE  
N. FT. MYERS FL 33917**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1020698**

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

**UMAN, DAVID J  
19920 FREEMAN DRIVE  
N. FT. MYERS FL 33917**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PRES. + CEO</b>		<input type="checkbox"/> Delete		<b>BOARD MEMBER</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DAVID J. UMAN</b>				<b>JERRY DiAngelo</b>		
	<b>19920 FREEMAN DR.</b>				<b>12901 MCGREGOR BLVD.</b>		
	<b>N. FT. MYERS, FL.</b>		<b>33917</b>		<b>FT. MYERS, FL.</b>		<b>33919</b>
	<b>VP of Facilities</b>		<input type="checkbox"/> Delete		<b>BOARD MEMBER</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DANIEL M. UMAN</b>				<b>TROY VACCARO</b>		
	<b>14261 PARK SHORE CIR.</b>				<b>6401 METRO PLANTATION RD.</b>		
	<b>FT. MYERS, FL.</b>		<b>33901</b>		<b>FT. MYERS, FL.</b>		<b>33912</b>
	<b>CFO</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>PETER GOTTSCALK</b>						
	<b>3392 TIMBERWOOD CIR.</b>						
	<b>NAPLES, FL.</b>		<b>34105</b>				
	<b>DIR. OF FINANCE</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LINDA VACCHINO</b>						
	<b>P.O. BOX 3620</b>						
	<b>N. FT. MYERS, FL.</b>		<b>33918-3620</b>				
	<b>BOARD MEMBER</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LISA UMAN</b>						
	<b>38 E. REMINGTON</b>						
	<b>IRVINE, CA.</b>		<b>92620</b>				
	<b>BOARD MEMBER</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LARRY R. Eskridge</b>						
	<b>301 TOWER RD.</b>						
	<b>NAPLES, FL.</b>		<b>34113</b>				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)