

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90060 013 ***150.00

DOCUMENT # P00000032405

1. Entity Name

FLORIDA RACING OF PUTMAN COUNTY, INC.

Principal Place of Business

Mailing Address

319 N. 1ST ST.
 SATSUMA FL 32189

319 N. 1ST ST.
 SATSUMA FL 32189

2. Principal Place of Business

3. Mailing Address

1009 Hwy 17 S.

PO Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Satsuma, FL

Satsuma, FL

City & State

City & State

4. FEI Number

59-3643664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip
 32189

Country
 Putnam

Zip
 32189

Country
 Putnam

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTTER, ROBERT J
 319 N. 1ST ST.
 SATSUMA FL 32189

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 re-stating)

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 | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | ROBERT J. POTTER D | |
| STREET ADDRESS | PO BOX 130 | |
| CITY-ST-ZIP | SATSUMA, FL 32189 | |
| TITLE | SECRETARY | <input type="checkbox"/> Delete |
| NAME | GEORGIA E. QUEEN | |
| STREET ADDRESS | 102 S. 2nd AVE | |
| CITY-ST-ZIP | INTERLACHEN, FL 32148 | |
| TITLE | TREASURER | <input type="checkbox"/> Delete |
| NAME | LANCE D. WARD | |
| STREET ADDRESS | 8899 Pisces Cir. N. | |
| CITY-ST-ZIP | Jacksonville, FL 32222 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| 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 |
| NAME | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

4-24-01

Date

Daytime Phone #

CR2E034 (10/00)