

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032405

1. Entity Name

FLORIDA RACING OF PUTMAN COUNTY, INC.

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90168 023 ***150.00

UBR001X AI

Principal Place of Business

1009 HWY 17 S
SATSUMA FL 32189

Mailing Address

PO BOX 130
SATSUMA FL 32189



DO NOT WRITE IN THIS SPACE

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

59-3643664

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

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

Name

JAMES L. PADGETT, P.A.

Street Address (P.O. Box Number is Not Acceptable)

3 NORTH SUMMIT STREET

City

CRESCENT CITY

FL

Zip Code
32112

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)

4-19-02

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, 2002 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 PD
NAME POTTER, ROBERT J
STREET ADDRESS PO BOX 130
CITY-ST-ZIP SATSUMA FL 32189 ☐ Delete

TITLE Vice President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME QUEEN, GEORGE E
STREET ADDRESS 102 S 2ND AVE
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

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

TITLE T
NAME WARD, LANCE D
STREET ADDRESS 8899 PISCES CIR N
CITY-ST-ZIP JACKSONVILLE FL 32222 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT
NAME WILLIE F. POTTER
STREET ADDRESS 104 PALM LN
CITY-ST-ZIP CRESCENT CITY, FL 32112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

CR2E034 (9/01)

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

4-19-02

Date

Daytime Phone #