

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90089 041 \*\*\*150.00

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**DOCUMENT # P00000049183**

1. Entity Name

**FLORIDA INTERNATIONAL MOTORSPORTS PARK, INC.**

*WALDO MOTORSPORTS PARK, INC.*

Principal Place of Business

**4421 NW 39TH AVE. SUITE 1-2  
 GAINESVILLE FL 32606**

Mailing Address

**4421 NW 39TH AVE. SUITE 1-2  
 GAINESVILLE FL 32606**

2. Principal Place of Business

*P.O. BOX 836*

3. Mailing Address

*P.O. BOX 836*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*WALDO FL*

City & State

*WALDO FL*

4. FEI Number

*04-3618975*

Applied For

Not Applicable

Zip

Country

*32694 USA*

Zip

Country

*32694 USA*

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLEMING, HOWARD JR  
 304 SWEETBRIER BRANCH LANE  
 JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

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, 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

TITLE NAME ☐ Delete  
**P. FLEMING, HOWARD H JR**  
 STREET ADDRESS **304 SWEETBRIER BRANCH LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE NAME ☐ Delete  
**DCVP WATSON, LARRY R**  
 STREET ADDRESS **6322 NW 18TH DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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 REQUIRED**

Date

Daytime Phone #

*31202 904236110*

CR2E034 (9/01)