

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060594

1. Entity Name  
FLORIDA KARTING ASSOCIATION, INC.

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90012 036 \*\*\*150.00

Principal Place of Business  
3994 NW 36TH LOOP  
JENNINGS FL 32053

Mailing Address  
3994 NW 36TH LOOP  
JENNINGS FL 32053

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

59-3660754

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

SIMS, JIMMY L  
3994 NW 36TH LOOP  
JENNINGS FL 32053

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 President ☐ Delete  
NAME Jimmy L. Sims  
STREET ADDRESS 3994 NW 36th loop  
CITY-ST-ZIP Jennings, FL 32053

TITLE Director ☐ Change ☒ Addition  
NAME Alan Curreli  
STREET ADDRESS 2169 Tomoka Farms Rd.  
CITY-ST-ZIP

TITLE Vice President ☐ Delete  
NAME John Polkey  
STREET ADDRESS Rt 2 Box 214C  
CITY-ST-ZIP MacClenny FL 32063

TITLE Director ☐ Change ☒ Addition  
NAME Randy Lewis  
STREET ADDRESS 6725 Shindler Dr  
CITY-ST-ZIP Jacksonville, FL 32222

TITLE Secretary ☐ Delete  
NAME Pamela Bedenbaugh  
STREET ADDRESS 4208 85th Place  
CITY-ST-ZIP Live Oak, FL 32060

TITLE Director ☐ Change ☒ Addition  
NAME Dave Verchot  
STREET ADDRESS 3307 Meadow Run Ct  
CITY-ST-ZIP Venice FL 34293

TITLE Treasurer ☐ Delete  
NAME Judith A. Sims  
STREET ADDRESS 3994 NW 36th loop  
CITY-ST-ZIP Jennings, FL 32053

TITLE Director ☐ Change ☒ Addition  
NAME Terry DeCaire  
STREET ADDRESS 6466 Willowood Lane  
CITY-ST-ZIP Tampa, FL 33634

TITLE Director ☐ Delete  
NAME David Hicken  
STREET ADDRESS 3205 Lem Turner Rd.  
CITY-ST-ZIP Callahan, FL 32011

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

TITLE Director ☐ Delete  
NAME Wayne Burris  
STREET ADDRESS 2356 Date Palm Dr.  
CITY-ST-ZIP Edgewater, FL 32141

TITLE ☐ Change ☐ 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

Jimmy L Sims 2/12/01

Date

904-938-4211

Daytime Phone #

CR2E034 (10/00)