

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060594

Entity Name
FLORIDA KARTING ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90125 025 ***150.00

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

Mailing Address
3994 NW 36TH LOOP
JENNINGS FL 32053

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3660754

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SIMS, JIMMY L	
STREET ADDRESS	3994 NW 36TH LOOP	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POLCOY, JOHN	
STREET ADDRESS	RT 2 BOX 219 C	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEDENBAUGH, PAMELA	
STREET ADDRESS	4208 85TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMS, JUDITH A	
STREET ADDRESS	3994 NW 36TH LOOP	
CITY-ST-ZIP	JENNINGS FL 32053	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICLEN, DAVID	
STREET ADDRESS	3205 LEM TURNER RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRIS, WAYNE	
STREET ADDRESS	2356 DATE PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wells, Gene	
STREET ADDRESS	5810 Delkon Ave.	
CITY-ST-ZIP	Ft Pierce, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hicken, David	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JUDITH A. SIMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 386-938-4211
Date Daytime Phone #

CR2E034 (9/01)