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FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90148 040 ***150.00

DOCUMENT # P03000041161		
1. Entity Name FELDA MOTORSPORTS PARK, INC.		
Principal Place of Business	Mailing Address	
POST OFFICE BOX 550 FELDA, FL 33930	POST OFFICE BOX 550 FELDA, FL 33930	



20034211



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1878930	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REIF, FRANK J III
442 W. KENNEDY BLVD.
SUITE 340
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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TITLE	D
NAME	ROBERTS, RICHARD H
STREET ADDRESS	POST OFFICE BOX 609
CITY-ST-ZIP	FELDA, FL 33930

TITLE	D
NAME	ROBERTS, JACQUELINE ^{4N} 100
STREET ADDRESS	POST OFFICE BOX 609
CITY-ST-ZIP	FELDA, FL 33930

TITLE	D
NAME	ROBERTS, ROBERT R
STREET ADDRESS	POST OFFICE BOX 609
CITY-ST-ZIP	FELDA, FL 33930

NAME	D
NAME	MILLER, NEVA R
STREET ADDRESS	POST OFFICE BOX 609
CITY-ST-ZIP	FELDA, FL 33930

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Daytime Phone # _____