

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90906 005 \*\*\*150.00

**DOCUMENT # P94000053957**

1. Entity Name

ASBURY DOWNS, INC.



Principal Place of Business

2575 COUNTY ROAD 220  
SUITE 107  
DRS. INLET FL 32068

Mailing Address

2575 COUNTY ROAD 220  
SUITE 107  
DRS. INLET FL 32068

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

59-3256291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENARD, JAMES R  
2575 COUNTY ROAD 220  
SUITE 107  
DRS. INLET FL 32068

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. 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, 2003: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME WEIGEL, WILLIAM R III  
STREET ADDRESS 2809 BLANDING BOULEVARD  
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE VAS ☐ Delete  
NAME MENARD, JAMES R  
STREET ADDRESS 2575 COUNTY ROAD 220, SUITE 107  
CITY-ST-ZIP DOCTORS INLET FL 32068

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

TITLE DS ☐ Delete  
NAME WEASEY, JOHN W  
STREET ADDRESS 2809 BLANDING BOULEVARD  
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE DT ☐ Delete  
NAME ELMORE, LAWRENCE L  
STREET ADDRESS 8138 COUNTY LINE ROAD  
CITY-ST-ZIP MELROSE FL 32666

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

TITLE DAT ☐ Delete  
NAME BRAFFORD, DAVID W  
STREET ADDRESS 175 INDUSTRIAL LOOP SOUTH  
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

904-272-5405

Date

Daytime Phone #

CR2E034 (10/02)