

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029741

1. Entity Name

ANDERSON BROTHERS RACING ENTERPRISES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90101 029 ***150.00

Principal Place of Business

2106 STILLWATER AVE
APOPKA FL 32703

Mailing Address

2106 STILLWATER AVE
APOPKA FL 32703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3325297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, FRANK L
4426 BLUE SKY LANE
POINCIANA FL 34746

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 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

TITLE PD ☐ Delete
NAME ANDERSON, FRANK L
STREET ADDRESS 4426 BLUE SKY LANE
CITY-STATE-ZIP POINCIANA FL 34746

TITLE VTD ☐ Delete
NAME ANDERSON, JOHN V
STREET ADDRESS 2106 STILLWATER AVE
CITY-STATE-ZIP APOPKA FL 32703

TITLE S ☐ Delete
NAME KIMMERLING, MARY D
STREET ADDRESS 326 MEADOW SWEET CT
CITY-STATE-ZIP OCOEE FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

Jon V. Anderson

4-19-01

407/889-4665

Date

Daytime Phone #

CR2E034 (10/00)