

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039865

1. Entity Name

LEISURE RACING SERVICES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90101 033 ***150.00

Principal Place of Business
450 EAST LAS OLAS BLVD.
SUITE 1500
FORT LAUDERDALE FL 33301

Mailing Address
450 EAST LAS OLAS BLVD.
SUITE 1500
FORT LAUDERDALE FL 33301

ADDUCCI



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0623525**

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

AMERICAN INFORMATION SERVICES, INC.
1 SE 3RD AVE
27TH FL
MIAMI FL 33131

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	PSD	<input type="checkbox"/> Delete
NAME	ROCHON, RICHARD C	
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	PIERCE, WILLIAM M	
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRANDEN, CRIS V	
STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 1500	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

CRIS V BRANDEN

CRIS V BRANDEN Vice President

4/26/01

954-627-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0242011