

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063363
 1. Entity Name, HG RACING Greyhounds INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90278 012 ***150.00

950389

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. Box 39124
Ft. Lauderdale, FL
33339

2. Principal Place of Business

3. Mailing Address

P.O. Box 39124
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0605516

Applied For

☒ Not Applicable

Zip

Country

Zip

33339

Country

USA

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

Name

LOUIS GIANNOTTA

Street Address (P.O. Box Number is Not Acceptable)

7506 NW 58 STREET

City

TAMPA

FL

Zip Code

33321

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

4/15/00

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, 2000 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	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>LOUIS GIANNOTTA</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>PETER LEON</u>	
STREET ADDRESS	<u>6276 NW 125 AVE</u>	
CITY-ST-ZIP	<u>CORAL SPRINGS, FL 33076</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Peter Leon V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 (954) 562-7900

Date

Daytime Phone #