## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000090982

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Mailing Address

Principal Place of Business 3043 JUPITER PARK CIRCLE

A NITE AT THE RACES, INC.

3043 JUPITER PARK CIRCLE

## JUPITER FL 33458 JUDITER FL 33458-6012 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEi Number 11-2165969 Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWABER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 24 ST. JAMES DR. PALM BCH. GARDENS FL 33418 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F TITLE Delete SCHWABER, CHARLES NAME NAME 24 ST. JAMES DR. STREET ADDRESS STREET ADDRESS PALM BCH. GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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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 of the receiver or trusted employees 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 ag

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) II 1. IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 12, 2000 8:00 am Secretary of State

01-12-2000 90071 039 \*\*\*150.00

Applied For

\$8.75 Additional

Zip Code

\$5.00 May Be

☐ Addition

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Addition

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Added to Fees

☐ Change

Change

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Fee Required

Not Applicable

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