

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90187 044 ***150.00

900557



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000020491

1. Entity Name

CELEBRATION RACING, INC.

Principal Place of Business

Mailing Address

4171 DUNRAVEN LANE
JACKSONVILLE FL 32223

4171 DUNRAVEN LANE
JACKSONVILLE FL 32221-2513

2. Principal Place of Business

3. Mailing Address

2787 Parrish Cemetery Rd.

2787 Parrish Cemetery Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville, FL

4. FEI Number

59-3375563

Applied For

Not Applicable

Zip

32221

Country

Duval

Zip

32221

Country

Duval

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

MAXWELL, RONALD W
4811 ATLANTIC BOULEVARD
SUITE #4
JACKSONVILLE FL 32207-2129

Name

John D.B. Smith

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

2787 Parrish Cemetery Rd.

City

Jacksonville

FL

Zip Code

32221

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

John D.B. Smith

JOHN D.B. SMITH - PRESIDENT

1/5/00

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, 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	PD	<input type="checkbox"/> Delete
NAME	SMITH, JOHN D	
STREET ADDRESS	4171 DUNRAVEN LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SMITH, WENDY E	
STREET ADDRESS	4171 DUNRAVEN LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, John D.	
STREET ADDRESS	2787 Parrish Cemetery Rd.	
CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Wendy E	
STREET ADDRESS	2787 Parrish Cemetery Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John D.B. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

(904) 714-1263

Daytime Phone #