

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90051 014 ***150.00

DOCUMENT # P96000033172

1. Entity Name

T L C & COMPANY MOTOR SPORTS, INC.

Principal Place of Business

Mailing Address

**901 BAHIA DEL SOL DRIVE
 RUSKIN FL 33570**

**901 BAHIA DEL SOL DRIVE
 RUSKIN FL 33570-3018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3372131

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

**CROLEY, THOMAS L
 3220 SW 17 AVENUE
 OCALA FL 34474**

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, 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	P	<input type="checkbox"/> Delete
NAME	CROLEY, THOMAS L	
STREET ADDRESS	3220 SW 17 AVENUE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLEMING, TED	
STREET ADDRESS	901 BAHIA DEL SOL DRIVE 10719 Fernhill Dr	
CITY-ST-ZIP	RUSKIN FL 33570 Riverview, FL 33569	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLEMING, JUDY	
STREET ADDRESS	901 BAHIA DEL SOL DRIVE 10719 Fernhill Dr	
CITY-ST-ZIP	RUSKIN FL 33570 Riverview, FL 33569	
TITLE		<input type="checkbox"/> Delete
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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:

Signature of Thomas L. Croley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)