

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90093 008 ***150.00

A0065070

DO NOT WRITE IN THIS SPACE

DOCUMENT # P970000000840

1. Entity Name

FUN RACING, INC.

Principal Place of Business

Mailing Address

3600 S. Florida Ave
Inverness, FL 34450PO Box 1092
Inverness, FL 34451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3422847

Applied For

Not Applicable

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

Robert J. Eldredge

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

3580 W Hwy 44

City

Inverness

FL

Zip Code

34453

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

4/28/00

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 PST
NAME Michael W Sims
STREET ADDRESS 3600 S Florida Ave
CITY-ST-ZIP Inverness, FL 34450 ☒ DeleteTITLE P
NAME William Hooker
STREET ADDRESS 3600 S Florida Ave
CITY-ST-ZIP Inverness, FL 34450 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE V.P.
NAME Steven Ziebarth
STREET ADDRESS 3600 S Florida Ave
CITY-ST-ZIP Inverness, FL 34450 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE S T
NAME Robert J. Eldredge
STREET ADDRESS 3580 W Hwy 44
CITY-ST-ZIP Inverness, FL 34453 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

4/28/00 352-344-8300

CR2E034 (9/99)