

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90056 001 ***550.00

DOCUMENT # **P97000000840**

1. Entity Name

Fun Racing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 S Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1092

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Inverness FL

Zip

34450

Country

USA

City & State

Inverness FL

Zip

34451

Country

USA

4. FEI Number

59-3422847

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert J Eldredge

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

3580 E Gulf To Lake Hwy

City

Inverness

FL

Zip Code

34453

**DO NOT WRITE
IN THIS SPACE**

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 translating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
William Mooker
3600 S Florida Ave
Inverness FL 34450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP, Treasurer
James Wear
3600 S Florida Ave
Inverness FL 34450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Robert J Eldredge
3580 E Gulf To Lake Hwy
Inverness FL 34453**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Eldredge

Date

Daytime Phone #

9/14/02 352-344-8300

CR2E034B (12/01)