

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017348

1. Entity Name

CENTRAL FLORIDA CLINICAL SERVICES, INC.

R1K MOTORSPORTS, INC. (Name Change)

Principal Place of Business

Mailing Address

1173 OLD DIXIE HIGHWAY
SUITE B
LAKE PARK FL 33403
US

1173 OLD DIXIE HIGHWAY
SUITE B
LAKE PARK FL 33403-2311
US

2. Principal Place of Business

6811 Garden Rd.

3. Mailing Address

6811 Garden Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

Country

33404

Palm Beach

Zip

Country

33404

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STILL, JOSEPH K JR.
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
WEST PALM BEACH FL 33401

Name

Phillip Elmore

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

6811 Garden Rd.

City

West Palm Beach

FL

Zip Code

33404

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

Phillip Elmore

4/14/00

Signature, typed or printed name of 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
NAME EDDY, TILLMAN L
STREET ADDRESS 1524 39TH ST
CITY-ST-ZIP W PALM BCH FL 33407 ☒ Delete

TITLE PD
NAME Elmore, Phillip
STREET ADDRESS 14550 Crazy Horse Ln.
CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Change ☒ Addition

TITLE VPTD
NAME BARRETT, ROBERT C
STREET ADDRESS 5819 N BAY RD
CITY-ST-ZIP MIAMI BCH FL 33140 ☒ Delete

TITLE TD
NAME Elmore, Dana
STREET ADDRESS 14550 Crazy Horse Ln.
CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Change ☒ Addition

TITLE VPD
NAME STURROCK, ALICE
STREET ADDRESS 321 E WEBSTER AVE
CITY-ST-ZIP WINTER PK FL 32780 ☒ Delete

TITLE VP
NAME Crilly, Neil
STREET ADDRESS 893 NE 81st. Steet, Apt.1,
CITY-ST-ZIP Miami, FL 33138 ☐ Change ☒ Addition

TITLE SD
NAME KING, WILLIAM REEVES
STREET ADDRESS 1173 OLD DIXIE HWY STE B
CITY-ST-ZIP LAKE PARK FL 33403 ☐ Delete

TITLE S
NAME King, Wm. Reeves
STREET ADDRESS 81 Ironwood Way N.
CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

Wm. Reeves King

Secretary 4/14/00 561-863-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)