

2000 UNIFORM BUSINESS REPORT (UBR)

002287

DOCUMENT # P97000019238

1. Entity Name

MOTORSPORTS NEWSLINK, INC.

FILED

00 MAR -1 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

525 FENTRESS BLVD
DAYTONA BEACH FL 32114

Mailing Address

525 FENTRESS BLVD
DAYTONA BEACH FL 32114-1209

2. Principal Place of Business

275 Clyde Morris Blvd.
Suite, Apt. #, etc.

3. Mailing Address

275 Clyde Morris Blvd.
Suite, Apt. #, etc.

City & State

Ormond Beach FL
Zip
32174 USA

City & State

Ormond Beach FL
Zip
32174 USA

4. FEI Number

59-3435929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J
525 FENTRESS BLVD
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

William J. Voges

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

275 Clyde Morris Blvd.

City

Ormond Beach

FL

Zip Code
32174

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.

William J. Voges, Registered Agent

1/10/2000

DATE

(NOTE: Registered Agent Signature required when reinstating)

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

TITLE DP ☐ Delete
NAME ROOT, J. PRESTON
STREET ADDRESS 525 FENTRESS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE TS ☐ Delete
NAME VOGES, WILLIAM
STREET ADDRESS 525 FENTRESS BLVD
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME Root, J. Preston
STREET ADDRESS 275 Clyde Morris Blvd.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE TS ☒ Change ☐ Addition
NAME Voges, William J.
STREET ADDRESS 275 Clyde Morris Blvd.
CITY-ST-ZIP Ormond Beach, FL 32174

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Voges, Secretary 2/2/2000 (904) 671-4888

Date

Daytime Phone #

CR2E034 (9/99)