

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90075 035 \*\*\*150.00

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1. Corporation Name

ARABIAN RACING PUBLISHING COMPANY

Principal Place of Business

ROUTE 1 BOX 623  
MIGANOPY FL 32667

Mailing Address

ROUTE 1 BOX 623  
MIGANOPY FL 32667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number  
59-3464855

Applied For  
Not Applicable

2. Principal Place of Business

21 15151 NW 162 TER  
Suite, Apt. #, etc.

2a. Mailing Address

26 15151 NW 162 TER  
Suite, Apt. #, etc.

22 WILLISTON, FL  
City & State

27 WILLISTON, FL  
City & State

23 WILLISTON FL  
Zip Country

28 32696 USA  
Zip Country

24 32696 25 USA

29 30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATSCHIEDER, DONALD C  
ROUTE 1 BOX 623  
MIGANOPY FL 32667

10. Name and Address of New Registered Agent

81 Name

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

83 15151 NW 162 TER

84 City WILLISTON FL 85 Zip Code 32696

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME PATSCHIEDER, DONALD C  
STREET ADDRESS 15151 N.W. 162ND TERRACE  
CITY-ST-ZIP WILLISTON FL 32696

TITLE DV ☐ DELETE  
NAME PATSCHIEDER, BARBARA W  
STREET ADDRESS 15151 N.W. 162ND TERRACE  
CITY-ST-ZIP WILLISTON FL 32696

TITLE DS ☐ DELETE  
NAME COURTELIS, PAN  
STREET ADDRESS 701 BRICKELL AVE. STE. 1400  
CITY-ST-ZIP MIAMI FL 33131-2822

TITLE DT ☐ DELETE  
NAME COURTELIS, LOUISE H  
STREET ADDRESS 701 BRICKELL AVE. STE. 1400  
CITY-ST-ZIP MIAMI FL 33131-2822

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Patzschieder* BALDWIN PATSCHIEDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

352 528 2104

Daytime Phone #

CR2E034 (11/98)