

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069165

1. Entity Name
ST LUCIE SPEEDWAY AND MOTOR SPORTS PARK, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90004 045 ***150.00

Principal Place of Business

3428 E ATLANTIC BLVD
POMPANO BEACH FL 33062

Mailing Address

3428 E ATLANTIC BLVD
POMPANO BEACH FL 33062

2. Principal Place of Business

ST Lucie Speedway
Suite, Apt. #, etc.
2525 Center Rd.

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State

FT Pierce FLA

City & State

Zip

34946

Country

U.S.

Country

4. FEI Number 65-0718770

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

DI MARIA, FRANK
3428 E ATLANTIC BLVD
POMPANO BEACH FL 33062

Name

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

City

FL

Zip Code

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

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, 2001 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 P
NAME DI MARIA, FRANK
STREET ADDRESS 3428 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

CR2E034 (10/00)

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

Frank Di Maria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/20/2001
Date

Daytime Phone #