

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90136 041 ***550.00

DOCUMENT # P97000069165

1. Entity Name

ST LUCIE SPEEDWAY AND MOTOR SPORTS PARK, INC.

Principal Place of Business

**ST. LUCIE SPEEDWAY
 2525 CENTER RD.
 FORT PIERCE FL 34946**

Mailing Address

**ST. LUCIE SPEEDWAY
 2525 CENTER RD.
 FORT PIERCE FL 34946**

DU131307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0718770

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

8. 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 **CRAIG CAFFRO**

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

3370 BEAN RIVAGE DR F-3

POMPANO BEACH

City

FL

Zip Code

33064

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 **VP CRAIG S. CAFFRO** 11 Jun 02

(Signature required 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, 2002 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** ☐ Delete
 NAME **DI MARIA, FRANK**
 STREET ADDRESS **3428 E ATLANTIC BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VP** ☐ Delete
 NAME **CRAIG CAFFRO**
 STREET ADDRESS **3370 BEAN RIVAGE DR F-3**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jun 02
 Date

954-658-1700
 Daytime Phone #

CR2E034 (9/01)