

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022800

1. Entity Name
VICTORY THOROUGHBREDS, INC.

Principal Place of Business
4251 SE 219 AVE
MORRISTON FL 32668

Mailing Address
4251 SE 219 AVE
MORRISTON FL 32668

2. Principal Place of Business

3. Mailing Address

P.O. Box 2763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ocala FL

Zip

Country

Zip

34478

Country

USA

4. FEI Number 59-3530337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINER, IRWIN J
50 SE FIRST AVE
OCALA FL 34471

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, MARION W
4251 SE 219 AVE
MORRISTON FL 32668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEWIS, GAIL
4251 SE 219 AVE
MORRISTON FL 32668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04
Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90078 016 ***150.00

720300



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)