SEP-03-02 TUE 03:25 PM FAX NO. P. 02

FILED

02 SEP -6 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034445

1. Entity Name

EAST BAY RACEWAY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6311 Burts Road			
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Tampa, Florida		City & State	
Zip: 33619	Country: Hills	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3504479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Mark F. Mooney

Street Address (P.O. Box Number is Not Acceptable): 1211 W. Fletcher Ave.

City: Tampa **FL** Zip Code: 33612

DO NOT WRITE IN THIS SPACE

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: Mark F Mooney 9-4-02

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 requirements and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Kolan, Stanley T.
STREET ADDRESS	One Kensington Manor,
CITY-ST-ZIP	~~Middletown, NY 10940~~
TITLE	DST
NAME	Kolan, Matthew A.
STREET ADDRESS	One Kensington Manor,
CITY-ST-ZIP	~~Middletown, NY 10940~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley T. Kolan, President 9/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ps 9/6/02