

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073725

1. Entity Name

SWAMP BUGGY RACING ASSOCIATION, INC.

FILED

00 SEP 28 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

649 5TH AVE
STE 201
NAPLES FL 34102

Mailing Address

9070 BONITA BEACH ROAD
BONITA SPRINGS FL 34135

2. Principal Place of Business

950 N. COLLIER BLVD

3. Mailing Address

950 N. COLLIER BLVD

Suite, Apt. #, etc.

STE 414

Suite, Apt. #, etc.

STE 414

City & State

Marco Island FL

City & State

Marco Island FL

Zip

34145

Country

U.S.A.

Zip

34145

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3531037

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

Name

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

City

FL

Zip Code

STEWART, JAMES C JR
SUITE 101
2121 COUNTY ROAD 951
GOLDEN GATE FL 34116-6543

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME CARMIGNANI, A. BROOKS
STREET ADDRESS 9070 BONITA BEACH ROAD
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☒ Delete

TITLE D
NAME CARMIGNANI, A. BROOKS
STREET ADDRESS 950 N. COLLIER BLVD STE 414
CITY-ST-ZIP MARCO ISLAND, FL 34145 ☒ Change ☐ Addition

TITLE ~~CARMIGNANI, A. BROOKS~~
NAME ~~950 N. COLLIER BLVD STE 414~~
STREET ADDRESS ~~MARCO ISLAND, FL 34145~~
CITY-ST-ZIP ~~34145~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003417702--0
-10/06/00--01129--007
*****550.00 *****550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

KE

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

Date

Daytime Phone #

9/27/00 941-642-0790

CR2E034 (5/00)