

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078016

1. Entity Name

ANDERSON RACING TEAM, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90264 047 ***150.00

Principal Place of Business

13733 BERMUDA CAY COURT
JACKSONVILLE FL 32225

Mailing Address

13733 BERMUDA CAY COURT
JACKSONVILLE FL 32225

5108 SAIL WIND CIRCLE
ORLANDO FLA 32810

5108 SAIL WIND CIRCLE
ORLANDO, FLA 32810

2. Principal Place of Business

5108 SAIL WIND CIRCLE

3. Mailing Address

5108 SAIL WIND CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

City & State

ORLANDO, FLA

Zip

32810

Country

USA

Zip

32810

Country

USA

4. FEI Number

59-3533653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, HAROLD A III
250 PARK AVE. SOUTH, 5TH FLOOR
WINTER PARK FL 32789

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 ☐ Delete
NAME ANDERSON, RICHARD A
STREET ADDRESS 13733 BERMUDA CAY COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME ANDERSON, CAROL L
STREET ADDRESS 13733 BERMUDA CAY COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME ANDERSON, RICHARD A JR
STREET ADDRESS 13733 BERMUDA CAY COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME ANDERSON, MICHAEL T
STREET ADDRESS 2998 EGLINGTON DRIVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete
NAME ANDERSON, ROBERT E
STREET ADDRESS 677-111 POST OAK CIRCLE
CITY-ST-ZIP ALTAMONTE SPRING FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5108 SAIL WIND CIRCLE
CITY-ST-ZIP ORLANDO, FLA 32810

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5108 SAIL WIND CIRCLE
CITY-ST-ZIP ORLANDO FLA 32810

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5108 SAIL WIND CIRCLE
CITY-ST-ZIP ORLANDO FLA 32810

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 809 ROGERS CT.
CITY-ST-ZIP CASSELBERRY, FLA 32707

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: Richard A Anderson Sr Richard A Anderson Sr 1/22/01 (407) 532-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)