

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094677

1. Entity Name

SOUTH FLORIDA R/C DRAG RACING, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90007 018 ***150.00

Principal Place of Business

17480 SW 254 STREET
HOMESTEAD FL 33031

Mailing Address

17480 SW 254 STREET
HOMESTEAD FL 33031

2. Principal Place of Business

21851 SW 256 STREET

3. Mailing Address

21851 SW 256 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

4. FEI Number

65-0885940

Applied For

Not Applicable

Zip

33031

Country

Dade

Zip

33031

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAAS, JOHN P ESQ.
44 NE 16 STREET
HOMESTEAD FL 33030

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 PD ☐ Delete
NAME PIERSON, HERBERT E JR.
STREET ADDRESS 17480 SW 254 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE TSD ☐ Delete
NAME PIERSON, PATRICIA A
STREET ADDRESS 17480 SW 254 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE VPD ☐ Delete
NAME MACQUARRIE, JAMES
STREET ADDRESS 190 27TH ST SW
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

Patricia Pierson PATRICIA PIERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

305 248 0573

Daytime Phone #

CR2E034 (10/00)