

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008879

1. Entity Name

SOUTHERN LIGHTNING RACING, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90105 014 \*\*\*150.00

Principal Place of Business

Mailing Address

3119 RIVER COVE DR  
TAMPA FL 33614

3119 RIVER COVE DR  
TAMPA FL 33614-2828

9624 BIRNAMWOOD DR  
RIVERVIEW FL 33569

9624 BIRNAMWOOD DR  
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

9624 BIRNAMWOOD ST.

9624 BIRNAMWOOD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL.

City & State

RIVERVIEW, FL.

Zip

33569

Country

USA

Zip

33569

Country

4. FEI Number

59-3563553

Applied For

Not

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

KEITH, KENNETH A  
1202 MONTE LAKE DR  
VALRICO FL 33594

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DIEHL, ROBERT A	
STREET ADDRESS	3119 RIVER COVE DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#1195

1-20-00

813-276-5620