

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91160 011 \*\*\*150.00

DOCUMENT # P99000058105

1. Entity Name:

Trilogy Motorsports, Inc.

Principal Place of Business

Mailing Address

2050 NE 39 Street  
 Suite 206  
 Ft. Lauderdale FL  
 33308

2050 NE 39 Street  
 Suite 206  
 Ft. Lauderdale FL  
 33308

2. Principal Place of Business

1251 Cove Lake Road  
 Suite, Apt. #, etc

3. Mailing Address

1251 Cove Lake Road  
 Suite, Apt. #, etc

City & State

North Lauderdale FL  
 Zip 33068 Country USA

City & State

North Lauderdale FL  
 Zip 33068 Country USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bonrud, Lynn R.  
 2050 NE 39 Street  
 Suite 206  
 Ft. Lauderdale FL 33308

7. Name and Address of New Registered Agent

Name Bonrud, Lynn R.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1251 Cove Lake Road  
 City North Lauderdale FL Zip Code 33068

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 restate)

4-27-01

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> Delete
NAME	Lynn R. Bonrud	
STREET ADDRESS	335 NE 4th Street	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Michael Dell	
STREET ADDRESS	669 NW 40 Terrace	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

DATE

954-260-2640

Deputy Secretary

CR2E034 (11/00)