

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067547

1. Entity Name

CORAL SPRINGS RACEWAY, INC.

Principal Place of Business

10611 WILES RD
CORAL SPRINGS FL 33076

Mailing Address

10611 WILES RD
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

10 MARTIN KAYE, CPA
Suite, Apt. #, etc.
12562 CORAL LAKES DRIVE

Suite, Apt. #, etc.

City & State

BOYDTON BEACH, FL

Zip

Country

33437

Country

FLA BEACH

6. Name and Address of Current Registered Agent

SPARACO, IVE
11814 NW 53RD CT
CORAL SPRINGS FL 33076

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, type 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

TITLE D
NAME LEVINE, ELLIOT
STREET ADDRESS 19605 OAK BROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE D
NAME SPARACO, IVE
STREET ADDRESS 11814 N.W. 53RD COURT
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003533698--3
-01/11/01--01103--014
*****750.00 *****750.00

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

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

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

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

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

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

V.PRES

11/1/00

(954) 695-6400

Daytime Phone #

FILED
01 JAN -2 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

02

4. FEI Number
65-0956669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (5/00)