

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076555

1. Entity Name

SLOT CAR RACEWAYS INC.

Principal Place of Business

15213 WILLOWOOD LANE
SPRING HILL FL 34609

Mailing Address

15213 WILLOWOOD LANE
SPRING HILL FL 34609-0668

2. Principal Place of Business

1108 OVERCASH DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN FL

City & State

City & State

Zip 34698

Country PINELLAS

Zip

Country USA

4. FEI Number

59-3595143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCI, JAMES E
8090 GREENBRIER CT.
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name ROY V. CRAWLEY

Street Address (P.O. Box Number is Not Acceptable)
15213 WILLOWOOD LN

City SPRING HILL

FL

Zip Code 34609

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

TITLE PD
NAME DEZMAIN, ADAM ☐ Delete
STREET ADDRESS 15213 WILLOWOOD LANE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VD
NAME VASSEUR, PETER P ☐ Delete
STREET ADDRESS 15213 WILLOWOOD LANE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE STD
NAME CRAWLEY, ROY V ☐ Delete
STREET ADDRESS 15213 WILLOWOOD LANE
CITY-ST-ZIP SPRING HILL FL 34609

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

(352) 799-4139

Daytime Phone #