

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102103

1. Entity Name

CHARLOTTE COUNTY MOTOR SPORTS, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90034 008 ***158.75

Principal Place of Business

1901 TAMiami TRAIL
PUNTA GORDA FL 33950

Mailing Address

1901 TAMiami TRAIL
PUNTA GORDA FL 33950

2. Principal Place of Business

1810 S. TAMiami TR.

Suite, Apt. #, etc.

PUNTA GORDA

City & State

FL

Zip

33950

Country

USA

3. Mailing Address

1810 S. TAMiami TR.

Suite, Apt. #, etc.

PUNTA GORDA FL

City & State

Zip

33950

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967042

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950

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, 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	<input type="checkbox"/> Delete
NAME	HELPHENSTINE, B R	
STREET ADDRESS	24358 KINGSWAY CIRCLE	
CITY-ST-ZIP	LAKE SUZY FL 34266	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TREWORGY, RICK	
STREET ADDRESS	27495 CLEVELAND AVE	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAISHLEY, BRUCE	
STREET ADDRESS	627 BRINDISI CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOMBARDO, JOSEPH	
STREET ADDRESS	6400 RIVERSIDE DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
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
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
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 another like empowered.

SIGNATURE:

Bruce Laishley - Sec. 2-11-00 941 639-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)