

# 2002 UNIFORM BUSINESS REPORT (UBR)

0128844 AT

**DOCUMENT # P99000102103**

1. Entity Name  
**CHARLOTTE COUNTY MOTOR SPORTS, INC.**

**FILED**

02 OCT -7 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1010 S TAMiami TR  
PUNTA GORDA FL 33950

Mailing Address  
P O BOX 511269  
PUNTA GORDA FL 33951

2. Principal Place of Business  
1810 Tamiami Trail  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **HELPHENSTINE, B R**  
STREET ADDRESS **24358 KINGSWAY CIRCLE**  
CITY-ST-ZIP **LAKE SUZY FL 34266**

TITLE ☐ Change ☐ Addition  
NAME **900008518909**  
STREET ADDRESS **10/22/02--01094--003**  
CITY-ST-ZIP **\*\*550.00**

TITLE **VD** ☐ Delete  
NAME **TREWORGY, RICK**  
STREET ADDRESS **27495 CLEVELAND AVE**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE **SD** ☐ Delete  
NAME **LAISHLEY, BRUCE**  
STREET ADDRESS **627 BRINDISI CT**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE **TD** ☐ Delete  
NAME **LOMBARDO, JOSEPH**  
STREET ADDRESS **6400 RIVERSIDE DR**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/03/02 941-639-2155**

Date Daytime Phone #

CR2E034 (4/02)