

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S70823**

1. Entity Name

**SADDLEBROOK DOWNS OF SANTA ROSA BEACH, INC.****FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90930 019 \*\*\*150.00

Principal Place of Business  
6415 THOMAS DR  
PANAMA CITY BEACH FL 32408  
US

Mailing Address  
6415 THOMAS DR  
PANAMA CITY BEACH FL 32408  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3095999**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, J.M.**  
**6415 THOMAS DR**  
**107**  
**PANAMA CITY FL 32408**

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 reappointing)

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, 2002 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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**JONES, J. MICHAEL**  
**201 HIGHLAND AVE**  
**SANTA ROSA BCH FL 32459**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**JONES, JUSTIN M**  
**336 HILLTOP DR**  
**SANTA ROSA BEACH FL 32459**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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

Date

Daytime Phone #

4/29/02

850-233-5800

CR2E034 (9/01)



*Attachment  
87 0082*

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

June 3, 2002

SADDLEBROOK DOWNS OF SANTA ROSA BEACH, INC.  
6415 THOMAS DR  
PANAMA CITY BEACH, FL 32408 US

Subject: SADDLEBROOK DOWNS OF SANTA ROSA BEACH, INC.

Reference Number: S70823

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ  
ANNUAL REPORTS SECTION