

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10027 (3)

1. Corporation Name

CHURCHILL DOWNS REALTY, INC.



Principal Place of Business

Mailing Address

7516 CHURCHILL DOWNS RD.
SARASOTA FL 34241

7516 CHURCHILL DOWNS RD.
SARASOTA FL 34241

3. Date Incorporated or Qualified

01/29/1992

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0313031

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNLAP, SCOTT W
1819 MAIN STREET
SUITE 610
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is registered agent for the corporation

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: D
2. NAME: HOLTON, MARCIA
3. STREET ADDRESS: 7516 CHURCHILL DOWNS RD.
4. CITY-STATE-ZIP: SARASOTA FL 34241

☐ DELETE

1. TITLE: ☐ DELETE
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:

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4. CITY-STATE-ZIP:

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

2. 1. TITLE: ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

3. 1. TITLE: ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

4. 1. TITLE: ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

5. 1. TITLE: ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

6. 1. TITLE: ☐ Change ☐ Addition

2. NAME:

3. STREET ADDRESS:

4. CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marcia H. Holton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

941-982-1350

Date

Daytime Phone

CR2E034 (12/95)