

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 318665

**Entity Name:** CALDER RACE COURSE, INC.

**Current Principal Place of Business:**

21001 N. W. 27TH AVENUE  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

21001 N. W. 27TH AVENUE  
MIAMI GARDENS, FL 33056 US

**FEI Number:** 59-1267680

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MILLER, AUSTIN  
Address 600 N. HURSTBOURNE PARKWAY  
STE 400  
City-State-Zip: LOUISVILLE KY 40222

Title DIRECTOR  
Name MUDD, WILLIAM E.  
Address 600 N. HURSTBOURNE PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title PRESIDENT  
Name ADAMS, MAUREEN  
Address 21001 N. W. 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title SECRETARY  
Name ANDERSON, MICHAEL  
Address 600 N. HURSTBOURNE PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

Title TREASURER  
Name DALL, MARCIA A.  
Address 600 N. HURSTBOURNE PARKWAY  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40222

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL ANDERSON

**SECRETARY**

**03/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date